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EDITORIAL COMMENT

ORGANIZATION OF INDUSTRIAL NURSES

In our mail this morning, we find letters asking the help of the JOURNAL in three definite and distinct lines. The first is from Florence Wright, chairman of the Committee of Industrial Nursing of the National Organization for Public Health Nursing, in which she asks that the JOURNAL carry the message to its readers of the proposed plan to form a section of Industrial Nursing at the national meeting to be held in Atlanta in April, the object of the section being the formulation and maintenance of high standards for nursing service in industry.

All industrial nurses are urged to attend the Atlanta meetings, and all employers of industrial nurses are urged to send a nurse as their representative where, if she is an active member, she will have a vote, and her enthusiasm for her work will be stimulated by contact with women who are engaged in the same line.

One of the things to be discussed is the necessity for the development in large centers of opportunities for special training in this department of work. Women who have taken up industrial nursing without preparation, have found the need of special instruction, and are back of this movement for closer coöperation and broader educational opportunities for their department of work. Members of the Committee on Industrial Nursing have been appointed from a great many of the states, but at this time the letters of the chairman have not all been answered. Those having this matter in charge want it to be distinctly understood that a special invitation is not necessary, but that all nurses, from any part of the country, engaged in industrial work will be welcome at the Atlanta meeting.

THE FIELD OF MENTAL HYGIENE

The next appeal was from V. May Macdonald, organizer of social work for the National Committee on Mental Hygiene, making a plea for qualified workers in that field. Accompanying this letter is a very

interesting article which will be given space in an early number of this JOURNAL. Miss Macdonald, in her letter, makes the statement that the special kind of service in the field of mental hygiene calls for women of "superior education and training," and she appeals to the JOURNAL, knowing that there are many such in the profession of nursing to-day whose attention she wishes to turn toward this branch of nursing service.

MORE NURSES IN THE FIGHT AGAINST TUBERCULOSIS

The third appeal is for nurses to take their place in the fight against tuberculosis, and with this letter, too, came a very excellent, practical paper which will be given space soon.

As a matter of fact, only for the cost of manufacture, we could easily put out each month, a JOURNAL of twice our usual size, filled with vitally interesting material. If each one of our readers, with the new year, would make it her business to obtain one new subscriber at the new rate of \$2.50, provided the cost of manufacture does not increase very materially, we would be able not only to increase the number of pages, but in every way to make a finer JOURNAL before the end of the year. We would like to receive a Happy New Year greeting from each one of our regular family, expressed in this practical form.

AGAIN THE ATTENDANT QUESTION

The Board of Directors of the Bellevue School, at the urgent request of the President of the New York State Nurses' Association, has consented to release Alice Shepard Gilman, on half-time salary, to take charge of the legislative campaign, the State Association to pay her the balance. Miss Gilman is touring the state, and the bill which was defeated last year will be introduced immediately after the Legislature convenes. This bill provides, as one of its most important features, the licensing and registration of attendants.

The rapid development in all lines of preventive medicine, in which nurses are taking such a prominent part, is calling them out of the private duty field in such large numbers, that the training, licensing and registration of another type of person to assist in the care of the sick in the homes becomes more and more urgently imperative.

To repeat what has been stated many times in these pages, it is not the intention of the nursing body in giving recognition to a trained attendant to provide a poorly trained nurse for the poor or middle class.

It is the intention of the nursing body to have attendants trained, licensed, and so controlled by legislation that it will be impossible for

them to practice as nurses, just as it is unlawful for a nurse to practice as a physician. They should be capable of caring for a patient convalescing from an acute illness, when the services of the highly trained nurse are no longer necessary but when, for a period of weeks of convalescence, there must be at hand an intelligent person to have supervision and care until strength is entirely restored; of caring for certain kinds of long chronic cases, especially where there is some degree of helplessness; of caring for children, under certain conditions, and of filling many positions in the home, too often occupied by highly skilled women whose services are needed elsewhere, such as supervising homes in the absence of the mother, looking after well children, traveling with an invalid, or as a companion to a well person.

It is not the intention of the nursing body to have the trained attendant receive her preparation for her work in a hospital where nurses are being trained, and where her experience is rarely sufficient for proper training, but in certain classes of institutions that do not maintain training schools, that lack the necessary variety of experience for the training of nurses, and that are now dependent in a haphazard kind of way for the care of their inmates: homes for chronics, hospitals for incurables; to some extent, wards for chronic insane; hospitals for crippled children, and alms houses. In all of these institutions, under the supervision of a trained nurse, such women could be taught the common manual procedures in nursing, could have the necessary amount of instruction in dietetics, personal and household hygiene, and such other instruction as experience and time demonstrate to be essential. In this way the training of attendants serves the double purpose, as does the training of the nurse, of providing a necessary kind of service in such institutions, and at the same time, giving her an education.

It is not expected that the trained attendant will be a cheap person, in the sense that her services will be available to the very poor. Her charge of \$12.00, \$15.00 or \$20.00 would be just as prohibitive to them as is the charge of \$25.00 or \$35.00 of the regular nurse, but putting such a person into the field will, it is expected, release nurses in large numbers for different departments of public health work, which will provide better care for the poor and people of moderate means than is now possible.

The demand for women workers in every line of business and industry is so great, and the compensation offered in many other lines with greater freedom is so alluring, that even with shorter hours, and with conditions in schools for nursing made all that they should be, there seems to be no reason to expect that at least for a period of

years there will be a sufficient number of young women entering the profession to fill all the positions for which nurses are needed, without assistance from this proposed group.

It is the desire of the nursing body to give the trained attendant a dignified status in a field which will be peculiarly her own; where she will have her place in this most overwhelming movement for improving the health of the people and for giving more efficient care to the sick.

PROGRESS OF STATE REGISTRATION

In many of the states, legislatures do not convene this year, consequently it will not be a season of universal legislation, but in a few states very important measures may be introduced. In New York it has been definitely decided to introduce without change the bill drafted last year. As this bill contains an important clause relative to the training of attendants, and as we are often asked for a copy of this measure, we are departing from our usual custom and are printing the proposed bill in this number of the JOURNAL.

THE GOVERNMENT PROVIDES FOR SICK ARMY NURSES

We want to call the attention of army and Red Cross nurses everywhere to Miss Minnegerode's letter, found in another department, in which she tells of the plans which the Public Health Service is making to care for nurses discharged from military service, who are sick or who require hospital treatment as the result of illness contracted when in service.

We know from letters that have come to this office that many nurses who have returned to their homes broken in health, are not aware that the government is more than anxious to care for them. We know that it is the intention of those having this matter in charge to give nurses who may have developed tuberculosis the most skilled care which the country affords, and Miss Minnegerode's letter shows plainly that a nurse may avail herself of the nearest sanatorium treatment, by communicating with the U. S. Public Health Service and having arrangements made.

POOR FOOD IN HOSPITALS

Hospitals, like private homes, are suffering from inadequate domestic service. The difficulty of getting a good cook causes perhaps quite as much unhappiness to a hospital superintendent as it does to the mother of a large family of young people. But making all allowances for the unreasonableness of the sick, and their perverted taste as the result of disease, there are some kinds of complaints, that reach us from perfectly sane and reasonable people who are obliged

to spend weeks in a hospital, that seem justified on their part, and the cause for them, unpardonable on the part of the hospital.

It is due to the lack of supervision somewhere, that day after day the common articles of diet, such as potatoes and rice, should be sent to the wards undercooked and, with the present high cost of food, be wasted in consequence; that creamed soup, when specially ordered, should be day after day sent up from the kitchen curdled; that meats should be either underdone or overdone until they are spoiled, and that toast should be either burned or stone cold. These are a few of the simple things that persons with very ordinary intelligence can learn to do properly; and in the quantities in which such articles are used in hospitals, the lack of proper preparation means waste, dissatisfaction, and pecuniary loss, all of which, in the end, are a reflection upon the good name and popularity of the institution.

After all, simple food, properly prepared, is practically all the hospital is called upon to provide for its patients, and making all allowances for the domestic situation, it is astonishing, taking the country over, how few hospitals have, on general principles, succeeded in providing it.

HEALTH INSURANCE

Compulsory health insurance is a topic which seems to stir those who consider it to violent opposition, often without a consideration of its possible merits. The pamphlets issued by its opponents offer arguments based on their interpretation of these bills, rather than on the bills themselves. We are told that because health insurance was started in Germany, it is, therefore, bad. We are told that it has been a complete failure in England. We are told that the smaller industrial concerns and the rural community are purposely left out. Great stress is laid on its being an infringement of personal liberty.

The advocates of health insurance feel that illness should be insured against, like fire and accident; that compulsory health insurance would bring to light much undiscovered illness and that it would, in time, do a great deal to prevent illness. Not everything "made in Germany" is bad. Health insurance was probably the most democratic of that country's institutions before the war. In England, health insurance was violently opposed at the outset, and by the medical profession. After six years' trial that same profession recommends, after a thorough survey of its work, not that it should be abolished, but that it should be improved. No such measure can spring into perfect shape at the start, and the reason it is recommended that the trial shall be begun in the larger industrial concerns, is so that the experiment may be made in the places best lending

themselves to it. There is every hope that it will later be extended to the smaller industries, possibly in groups, and also to the rural sections of the country. It is no greater infringement on personal liberty than is compulsory education.

One reason for desiring health insurance is that it will bring employers and employees more closely together through the committees of management on which both are represented.

There is always the possibility of malingering, of imposition,—but these are things to be guarded against in wise provisions rather than absolute reasons against the whole principle. It is probable that all the bills now under consideration in the various states are imperfect and that they will have to be greatly modified and adapted before they will prove workable, but if the principle of health insurance is sound, if workers and their families could be kept in better health by means of such a system of supervision and care, then it is something we should try to help work out, rather than oppose. It may take years, however, to bring about such an attitude.

THE MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL

The contributions for the Memorial Fund are coming in so rapidly, and the acknowledgment through the JOURNAL is taking up so much space, that we have been obliged to stop giving the names of the individual subscribers where the money is sent in a lump sum from an association or school.

We wish that all who are helping to raise this fund could see the letters which accompany the gifts, they are so full of interest and enthusiasm, and of tributes to the nurses who have died; many are full of good wishes for the students in the Nightingale School.

The time limit set for gathering this fund, December 1st, was, of course, too short, where the nurses of the entire country are to be reached. Contributions continue to pour in and at present no closing date is fixed. As the fund is a memorial for those who gave their lives in service, the contributions should be given spontaneously, reverently, and without urging,—they should not be dragged over a long period of time.

The sum total, as our last proof goes to press is \$11,493.13. Those who are finding any difficulty in arousing interest in the Fund should read the article published in this JOURNAL, entitled Within Lakeside.

RANK FOR NURSES

Mrs. Helen Hoy Greeley, counsel for the movement for Rank for Nurses, has received, through nurses in all parts of the country, lists of signatures of medical men who are in favor of granting rank

for Army nurses. These will fill a place of value, later, but at the present time the greatest need is for letters from medical officers such as are given on another page of this magazine. Committees on Rank are asked to secure these and to forward them to Mrs. Greeley without delay. The nurses in some of the states have been very active in securing such letters, while others have not seemed to work along these lines. Such tributes as are embodied in the letters quoted will carry great weight with Congressmen, and as the vote of the man from one section of the country is just as necessary as that of a man from another section, the support of the bill must be national in its scope. New York and Michigan, for instance, will carry no more weight than do Oklahoma and Indiana.

THE WEST SPEAKS

It was quite by accident that, in selecting material for a well balanced table of contents, this month, we chose three articles by writers on the Pacific Slope, representing our three main branches of nursing. Very marked educational progress is to be found in the western schools and quite as fine nurses as in any other section of the country.

THE INTERSTATE SECRETARY

Miss Eldredge, the Interstate Secretary, whose itinerary so far has carried her to the western or southwestern sections of the country, spent the first week of December in Arizona and the remainder of the month in Texas. The week beginning January 5th is promised to Ohio, and she expects to be in New York in time for the meetings of directors and committees of the American Nurses' Association on the 15th and 16th of this month, going from there to New Jersey. During February and March and until the Atlanta meetings, she is to be in various parts of New England; her itinerary after the convention is not definitely completed.

Southern states that have not had a visit from Miss Eldredge or that wish another, should avail themselves of her proximity and should immediately make their applications for her to come to them. Her year of work will end on July 31st.

THE AWAKENING OF ARIZONA

It is a long time since we have reported the formation of a new state association, but Arizona has now come into line and it will, we hope, be a member of the American Nurses' Association before the Atlanta meetings. The time of Miss Eldredge's visit was selected for the calling of a mass meeting at which this association was formed and its beginning seems to be on harmonious and satisfactory lines.

THE NURSE ANESTHETIST

BY JULIA M. SIEKE, R.N.

Resident Anesthetist, Chester Hospital, Chester, Pa.

The administration of anesthetics is a comparatively new field for nurses, but a promising one. A great many hospitals of the country, especially the larger ones in the east, are employing for this purpose nurses who have been properly instructed and trained in the art of anesthesia.

A nurse must be very much interested to enjoy it and to be successful. In a report of the year 1915 from the Woman's Hospital, New York, I read the following: "Nurse anesthetists are no longer an experiment in this institution, but something that has come to stay." There is more or less opposition to this practice in some states, due to the fact that nurses who have not had the proper training in anesthesia were giving anesthetics. This may be necessary in an emergency, but it should not be done as a routine. If nothing else is considered, the patient should be. In "Modern Surgery," Dr. Da Costa says: "The administration of an anesthetic should not be intrusted to a novice. The anesthetist should be one of your best men."

One ought to know the fundamental principles, and not only those, but a nurse should realize what an anesthetic may mean to a patient before attempting to give it.

If a nurse is interested in anesthesia, she should study and keep on studying. When she begins to administer anesthetics, herself, she should aim to give each one better than the last, and above all try to make the patient's journey a pleasant one. The proper method of administration will make it pleasant for ninety-nine per cent. of patients.

Ether seems to be the favorite anesthetic to-day. Gas oxygen is an excellent anesthetic for select cases. A combination of gas oxygen with a very small amount of ether makes a good anesthetic, which may be used for major surgery. The ether helps to bring about muscular relaxation, which might not be possible with gas oxygen alone. It is never given in vascular disease. When it can be used, it is the ideal anesthetic, because it eliminates post-operative nausea almost entirely and the patient recovers immediately after the administration has been discontinued.

The Gwathmey apparatus is an excellent one for the administration of this combination. The mechanism is simple and the apparatus

is a most economical one. A tank of nitrous oxide may run from one hour and twenty minutes to two hours without freezing. I have used it for a number of years and find it most satisfactory.

The Administration of Ether.—The drop method is the safest and by far the most pleasant for the patient. The ether is poured drop by drop on gauze (12 layers of open mesh to begin with), which is placed over the patient's nose and mouth, not touching either, and forming a convex cup-shaped mask.

If the anesthetic is started with ether, keep the gauze a short distance from the face when beginning. Allow the patient to get used to it gradually. Never crowd it, as it frightens the patient and gives rise to resistance and straining, and of course irritation, coughing, and all other unpleasant symptoms of the second stage. Do not try to put your patient under in the shortest time possible, but try to keep him perfectly at ease, and the sleep of anesthesia will be a quiet one resembling normal sleep. Let the patient be the indicator as to the amount of ether to give, especially during the first stage. Give it slowly, increase gradually, and give only that amount which the patient can take without fussing. After a few minutes the sensations become dulled and then the ether may be increased without disturbing the patient.

When symptoms of the second stage appear, give the ether in a more concentrated form by adding more gauze. If the patient begins to strain, struggle, or fight, it is much better to give him a breath of fresh air than to push the ether. The average patient will become calm after getting a breath and will go on without further resistance. There are exceptions to this, as well as to other rules. For instance, if the patient is a heavy, muscular type, perhaps an alcoholic, and should try to walk off the table, keep on giving it by all means. Even this type responds nicely to a momentary suspension of ether sometimes, so this, as well as almost everything else, must be left to the judgment of the anesthetist. In other words, humor the patient; do not irritate him.

The amount of ether and concentration during the second and third stages depend entirely upon the patient and the depth of anesthesia required. If at any time the patient does not seem to breathe properly, stop at once and determine the cause. It may happen, during the second stage, as a result of resistance. Here is an illustration: The patient is afraid but tries to be brave; all is well in the beginning, then the centers of inhibition are depressed; he can no longer restrain this fear, which manifests itself in resistance. He holds his breath and apparently forgets to breathe. Cyanosis occurs as a result of suspended oxidation. It may be necessary not only to

stop the ether, but to give artificial respiration to overcome this difficulty. Respiratory interferences may be caused by many conditions, aside from the anesthetic itself.

The position of the patient is of great importance. The head should be kept on a level with the body. Some patients are better with a pillow, some without. Very obese patients are prone to respiratory difficulty and are much better subjects when the chest and head are slightly elevated. Moderate elevation does not interfere with the operative procedure, as a rule. This may be absolutely necessary for some, while others may be all right with the head level. It is, however, a good plan for all those who are afflicted with obesity. Elevation may eliminate consequent, if not immediate, troublesome conditions.

An individual without teeth and with relaxed muscles of the face and tongue, due to old age, may become cyanotic or may not be able to breathe at all, as soon as relaxation occurs. It may be necessary to hold the lower jaw forward, keep the mouth open by a gag and hold the tongue so that it will not be drawn back with each inspiration and thus obstruct the air passage.

In old people, stenosis of the nares is not an uncommon condition. Other physical defects will manifest themselves, so that they do not seem to get sufficient air through the nasal passages.

An anesthetist must be on the alert every minute in order to recognize any unforeseen emergency and that she may know how to overcome the various troublesome conditions which may arise. It is true that they do not happen often, but when they do appear she must be quick to realize what has happened and know what to do.

Some time ago, I was giving ether to a patient with an exophthalmic goitre. Everything went along nicely until suddenly the patient stopped breathing, without any apparent cause or warning. At first I did not know why, because she had been breathing as well as a patient with an enlarged thyroid, and with a high sand bag under her shoulders, could breathe. I knew that there was no reason for cessation of respiration as far as the anesthetic was concerned. The surgeon found that the patient had an abnormally small trachea which one of his assistants had clamped, mistaking it for a blood vessel. The hemostat was removed and the patient proceeded to breathe. All this happened in about one minute. In this case I could not know just what had happened, but I noticed the presence of the diaphragmatic contraction and realized that the trouble was due to some other cause than the anesthetic itself.

The respiratory system is the greatest source of information during the time of anesthesia. Each breath brings a report and we

cannot afford to lose even one. If we listen to and understand these reports, we are well informed as to the patient's condition, the depth of anesthesia, and certain changes which may take place as a result of anesthesia.

The greatest source of information does not mean the only one. In certain cases the pulse may be of more importance. The pupillary reflexes are not very reliable; they are very sluggish sometimes, and often the characteristic third stage pupil does not appear until the patient has been in the third stage for some time. Therefore it is not necessary to wait for the third stage pupil, if the patient is otherwise ready for the incision.

How can we tell that the patient is ready for the incision?

(1) Any second stage symptoms which may have been present have disappeared. "The second stage can be eliminated in the majority of cases by the method of administration." (2) Complete unconsciousness and muscular relaxation. (3) Respirations are deep and regular, automatic. (4) The pulse begins to decrease in rate. (5) The pupils may be slightly contracted, normal, or moderately dilated, but *react to light*. (6) No swallowing.

Swallowing is a pretty good sign. The patient may appear to be in the third stage, he may be perfectly relaxed, breathing deeply, and all other symptoms of the third stage may be present, but if he continues to swallow he is not in the third stage.

As soon as the patient is in the third, or surgical, stage, the anesthetic should be given more sparingly,—only enough to keep the patient perfectly relaxed. A patient may be rigid during the time of operation because he is getting too much, instead of an insufficient amount of, ether.

The anesthetic and administration vary with the individual. We gain much by watching others. As Dr. S. Weir Mitchell said, "We gain by mistakes." By reading and observing all we can, we profit by the experience of others, but our own experiences teach us most. It is most necessary, however, to go to a preparatory school before we begin in the old school of experience.

Courses in Anesthesia.—The following outline is that followed at the University Hospital Training School for Nurses of the University of Pennsylvania:

1. The course is open only to graduate nurses of those training schools that meet the requirements of the State Licensing Board.

2. Applications will be accepted only from those assured of positions upon the completion of the prescribed course.

3. The course covers a period of three months in the hospital, daily except Sundays, from June 15 to September 15, and includes:

(a) Practical demonstration in the administration of the various anesthetics—ether, chloroform, nitrous oxide, intratracheal and intrapharyngeal anesthesia. (b) Three lectures on the physiological effects of the various anesthetics. (c) One lecture on the Circulatory System. (d) One lecture on the Respiratory System. (e) Practical instruction in Auscultation of the heart sounds. (f) The preparation of patient for anesthesia and the care during the recovery period. (g) The fee for the course is \$75.00.

Various other hospitals throughout the United States are giving these courses and the demand for them is increasing.

In conclusion, I would say that the registered nurse anesthetist should not be employed unless she has had a course under the guidance of a graduate anesthetist of wide experience, and until a certificate as a qualified anesthetist has been granted her.

PROFESSIONAL OBLIGATIONS OF THE PRIVATE DUTY NURSE¹

BY GENEVIEVE E. KIDD, R.N.

Portland, Oregon

What does the word obligation convey to you?

An obligation, that which obligates or constrains, that which constitutes a moral duty,—trustworthy. "A tender conscience is a stronger obligation than a prison." "The main difference between people seems to be, that one can come under obligations on which you can rely,—is obligable, and another is not." Any act by which a person becomes bound to do something for another or to forbear something, external duties imposed by courtesy or kindness. "Everyone has obligations which belong to his station, duties extend beyond obligations and direct the affections, desires, and intentions, as well as the actions."

To discuss this subject and not idealize is difficult,—though it is true we must have ideals.

In human relations there are three professions that touch our lives with intimate contact,—those of the minister, the physician and the nurse. Each is a safekeeper of that which we know to be our greatest responsibility,—human life.

Quoting from a recent splendid talk to nurses by a university professor, "Nursing should be a deepened and glorified profession, it is vital and important. The physician's work is dependent on the

¹ Read at a meeting of the Northwest Sectional Conference, Glacier Park, Montana, July, 1919.

nurse. We must also bear in mind it is not alone the care of the physical condition,—the mother principle must stand out, as the true nurse enters the most intimate business and family relations, carrying the mental burdens of her patients so that the physical will sooner right itself."

So many strong lines of nursing are developing to-day that the private duty nurse may feel herself a little in the background,—this is not true. Private duty represents the largest body of nurses, and the successful private duty nurse is the highest type of woman in the profession.

Do we realize our opportunity or responsibility? Do we need question whether nursing is a profession? It rests with every nurse to choose which branch of work she is best fitted for, but whether it be social service, public health, or other lines, she will be more efficient for having had a few years of private duty.

Having been in this sphere of work fifteen years, years that I count most valuable and pleasant, I no doubt have met the experiences of the average nurse, but the *obligations* of a nurse?

Until coming in contact with a larger number of nurses through having charge of a nurses' registry, I am frank to say that I had never analyzed the subject.

Due to a splendid superintendent, the atmosphere of our daily training showed us a plain line of duty,—to go when and where we were called and to give our best wherever we found our lot to be.

Why, on entering our personal field, should we not hold fast to the same ideals?

It is perfectly legitimate for a nurse to bar any class of work that she knows would undermine her health,—aside from this there should be no picking and choosing of cases.

The successful nurse will keep in touch with nursing affairs, will be advised as to changing and up-to-date methods. To be interesting and uplifting to her patients, she will keep abreast with current events and attend gatherings of education and pleasure.

As to rest and recreation, a point not always recognized by the family, keep the personal side back, but tactfully explain that only by having proper rest can you give the best care to your patient.

Just now commercialism is dangerously near the line,—some nurses have allowed the stress of circumstances to influence them and they are not willing to abide by a reasonable fee. I wish that standard rates for all grades of nurses could be regulated by the national association so that discussions and dissatisfaction might cease to be.

From the untrained woman we do not expect a knowledge of nursing ethics, and to a large percentage of our graduates all appre-

ciation is due for the splendid carrying on of professional service,—but to a certain type of graduates we feel it is necessary to bring to notice the every-day occurrences that are tearing down our standards and creating a prejudiced impression in the minds of the public.

May I enumerate some of them briefly,—only that they may be recognized and that we may determine their downfall:

When a call comes to the Central Directory for the service of a registered nurse, it is because the doctor feels his patient's welfare cannot be entrusted to untrained hands,—it may often mean a real sacrifice to the family even though economy is used.

What would that doctor or patient think should they hear some of the questions or excuses that come to the registrar? Do you think the physician would have any reason for disregarding the profession?

"I have an engagement and cannot go until morning,"—the fact that there is no one else available for duty and that the patient is very ill, matters not.

"What part of the city is the case located in? I will not answer a call there. I have stomach trouble and I cannot stand the food they serve in these homes. This class of people do not care for me nor can I get along with them."

"Have they a maid? I absolutely refuse to do anything outside my professional duty; it always breaks me down."

"Will I have to be up at night?" especially questioning, if the call comes in the evening.

"How long do you think the case will last?" It seems to me the registrar must be a magician.

"I will not answer a call for twenty-four hours, one only soils a uniform and it does not pay."

One nurse is registered against calls for seven different physicians of recognized merit because *she* does not approve of their methods.

"No out of town calls, no hospital specials."

What a pity that nurses of unquestioned technical ability should countenance such demeanor, and they wonder why they are not busy.

Some nurses wish people to feel their authority, they are dictatorial; those who have been in the work for some time need to guard against a tendency of this kind. Patients do not wish or need to give up their individuality because they happen to be ill.

A sweet tribute to our late Miss Delano was, "She brought to me no disturbing element."

A great many nurses have never realized that this profession interprets service. Let us aim at a plane above our petty personal interests, for when we forget our personal business, then we shall begin to practice our profession.

THE NURSE'S PROBLEMS IN SANATORIUM MANAGEMENT'

BY MARY C. CAMPBELL, R.N.

Open Air Sanatorium, Portland, Oregon

The nurses' problems in sanatorium management are many and varied, difficult to work out, but still more difficult to write about. If with the announcement of the nurse as the new superintendent, her duties are outlined to the patients, the way is paved for successful work. With such an introduction she will take inventory in her mind of the institution, the plan, the place it occupies in the community, whether the people living in the vicinity are friendly or afraid, if not hostile, whether it detracts from, or adds to, the value of property, the number and type of patients in the institution, the number of nurses and employees, the problem of boarding and housing them, the markets, the distance from markets (which is frequently a great problem), the water supply, plumbing, sewerage, heating and lighting systems, everything needed in a small city plant, the smaller the more difficult, and all managed by a nurse, the superintendent.

The comfort of the patient is the object in mind, and the things most necessary must be mastered first. Those are usually the water supply and the sewerage. The nurse must become thoroughly conversant with the systems. If some thoughtful person preceding her has preserved the blueprints, the problem is an easy one; if not, when she finds the storage tanks emptying more quickly than they should, and the faucets and fire hydrants all in good repair, the whole system must be gone over. If there is a large enough leak in the pipe line, the water will seep through the ground in time. By that time she has probably found the man that installed the system and can insist on his making the repairs. He can't blame some one else if everything is not properly done, and is sure to give good service.

The markets will be difficult if one is a stranger. It is amusing to recall buying green peas over the telephone, and being told the price per pound when one has always been accustomed to buying by the measure—peck or bushel. One may be perfectly familiar with the number of measures needed for a household of seventy-five or a hundred, and be helpless in the matter of pounds, until she sees the purchase.

Having learned the geography of the institution, located and overhauled the water and sewerage systems, found the markets and ice

'Read at the Northwestern Tuberculosis Conference, Boise, Idaho, October 1, 1919.

supply, one may get accustomed to the type of employees and learn what each one considers his or her duty, and how they avoid doing anything else, or, as the case may be, how they assist each other.

The nurse must still have the heating and lighting systems investigated. The latter she may have forgotten until some night she finds everything in darkness, and realizes that she hasn't found out where the different switches are located, but she takes her flashlight and finds them. It may be only a fuse blown out, then she looks for the reason, and finds some one has attached a defective electric iron, it always did blow out a fuse, but they thought they would try it once more. The nurse has it repaired or buys a new iron.

There is a generous supply of wood on hand, but it must be sawed. She engages a sawyer and when she receives his bill, she finds more cords on the bill than in the woodpile. She takes the trouble to look up the original wood bill, and finds more wood on the bill than the shed will hold. She sends for the man and has him go over the wood and the bills. He sees the mistake and tells her he bought the wood by the carload, and it must have been billed wrongly to him, when all the time she knows he thought,—well, being a woman she won't know the difference, and I'll get the money. This is a problem that a man never meets, a nurse always, but not often twice in the same place.

While getting acquainted with these different phases of the work, the daily routine of the sanatorium has been going on, perhaps not as quietly yet as one would like, but going. The nurse is planning the meals, notices how they are cooked and served, which is quite as important as cooking, and frequently keeps the books after an ordinary day's work is done.

The employees are getting into the routine fairly well, but still find it hard to make a list of everything they will need in a day in their particular work, and to have that list filled at a certain hour, six days in the week. The old way of every one going to the storeroom for everything needed, at any time, any day, seemed so much easier. The nurse becomes unpopular when she puts new locks on the storeroom doors and retains the key until a responsible person is found whose business it is to issue supplies, but much money may escape through open doors, and at the risk of being unpopular this method must be employed, at the same time making sure that nurses and employees shall have just as much good food as they can eat, but nothing to waste. By teaching them the value of everything, it is surprising how interested they become in the problem of dollars and cents. One paper napkin wasted here and there may mean little, but when the scarcity of paper began to be felt, a nurse suggested that we eliminate one napkin from our trays. We did so without any difference

in the appearance of the tray, and without any inconvenience to the patient. We counted the cost and found we saved at that time \$3.60 every thirty days. If an institution is dependent for support entirely on the board paid by patients, it is well to have the staff and employees keep that in mind. It is interesting to note how careful they can be when they realize that a person who is ill is paying for material they are using. When an employee became careless, and perhaps irritable, and neglected his or her work, he was reminded that we can stand any inconvenience, we are well—but if this particular work were not well done a patient would be made uncomfortable. We have found very few people who really meant to hurt sick people when the question was presented to them in that way. We constantly remind our whole staff that the sanatorium is maintained only to assist sick people to get well, and would not be necessary at all as a place of employment.

Where there is no resident physician, the problem of caring for patients between the visits of the medical director falls on the nurse in charge, in addition to carrying out his orders, buying and dispensing drugs. She must learn all the details of the routine and emergency treatment, must be able to explain just what the doctor meant when he answered a patient's anxious inquiry in a certain way, must convince them he is not indifferent in regard to their particular condition, if he has forgotten some trivial thing. Many patients ask questions to obtain needed information, others to see what the nurse will say. The tactful nurse will explain just enough to relieve the patient's mind for the time being, and will have the doctor explain the matter when he comes. She will never make a positive statement regarding some question that belongs only to the physician; if she does, she is sure to be confronted with the humiliating experience of having the patient ask the doctor the same question, and when he has answered it to his satisfaction, he will never fail to say, the nurse said thus and so.

The question of diet is always difficult. Encourage the patients to tell their likes and dislikes. Constructive criticism is always helpful. When you have a group that seems unusually hard to please, it is well to have them explain in detail all the delicious things they had to eat at home, just how they were cooked and served. Then remind them that with all this good food and care they got sick at home—that with all the defects in the sanatorium, we are helping people to get well—if they allow us we will help them back to health, but they must try our methods. There is no doubt left in their minds, then, about your desire to help, and they have something to think about.

Getting capable nurses who are not afraid of tuberculosis is most difficult. Many feel perfectly safe in a general hospital or in private practice, who would not consider work in a sanatorium because of the supposed danger of infection. Patients feel this keenly. This brings another problem to the nurse, the creating of a wholesome, cheery, helpful atmosphere that will counterbalance such depressing influences. Ex-patients can assist greatly in bringing cheer if they are made to feel their responsibility in this matter, and if they are invited to visit the sanatorium after being discharged. This coöperation is well worth while, and the problems, big and small, fade away when one follows carefully the orders and advice of a clever physician, and sees the patient slowly coming back to health and strength, and realizes she has had some small part in this result.

THE RETURNED NURSE

BY LAURA HARTWELL, R.N.

Naval Hospital, Bremerton, Puget Sound, Washington

The state of mind of some ex-members of the A. E. F. resembles somewhat the forlorn desolation of the homeless cat. While this is true of both men and women, it applies especially to the returned overseas nurse, not so much to those who return to the arms of admiring families, to be petted and spoiled and urged to take a long rest, but to those who live in a trunk, as it were, and who make their homes wherever their hat happens to be. The hat, in many cases, was a blue velour, at this time last year, and rested on a shelf somewhere in France or, perchance, in the attic of a German barracks while its owner tried vainly to coax a little warmth from the slender German stove which stood in the corner of the room, looking very much like a yard or two of iron drain pipe, fitted with two small doors for the entrance and exit of the fuel. How longingly one would dream of an open fireplace with the sparks from the logs crackling up the chimney in a Christmassy manner!

"Oh for a steam-heated flat in the U. S. A.," some nurse would murmur, as she turned the pages of a nursing journal to discover what was being done at home. How enthusiastically she read of new fields of work and wonderful opportunities for nurses,—at that time.

The Marine Nursing Service, with its \$80 salary and continued service with the boys attracted so many overseas nurses that those who came home last found that door closed to them, as there were more than enough on the list.

But at any rate they were at home! And the first private duty case, when one returned to the white uniform, brought a certain amount of satisfaction; but how soon one's thoughts turned wistfully back to the days when slithering around in the mud, wearing rubber boots, was the usual method of going on duty.

As the days passed, and the patient became convalescent, the longing for a wider sphere became more acute. Owing to that universal bogey, the "H. C. of L.," those who had to help with home finances found the Army and Navy decidedly closed to them, for sixty dollars a month is quite inadequate to present-day needs. Like a lonely wanderer scanning the horizon for help, the returned nurse looks over the nursing field, restless and discontented. The present somehow does not seem to fit with the past, and the great future of useful and remunerative work seems very distant. This attitude is, of course, to a great extent, the reflection of the world's unrest, but the people who stayed at home have advanced along different lines from those who have been overseas, and cannot see why the daily round cannot easily be taken up again.

And then, how one misses the comradeship of the life over there, where the English language was a sufficient introduction, and which, by force of contrast, makes the bustling life at home where each one is intent on his or her own business, seem cold and unfriendly. The only way to overcome this is to put aside yearnings for the past, and become part of the bustling crowd. And yet—the returned nurse may chance to meet an old patient, who salutes her in regular military style, followed by an A. E. F. smile, after which will come reminiscences of convoys and chateaux, Paris and the Rhine, as refreshing to her as sunshine on a dewy spring morning. Dreaming of the past year or two, as she resumes her walk, a huge placard calling on all and sundry to register and vote seems like something from another world.

But this is where the returned nurses, in the general wave of reconstruction, should reconstruct their own lives. Too long have nurses stood aside and let the civic affairs of the community be taken care of by others, when they could bring the force of their numbers, as well as their experience, to the help of the laity. The alumnae and county associations in any fair sized town could become a powerful club, if all the members would coöperate with other bodies in their efforts for the good of the community. One menace to health is still very much with us,—that dangerous and disgusting habit of expectoration in the streets of our cities. It seems impossible to educate the offenders to a realization of its dangers, but there ought to be some way of reaching them. There are still small towns where

the civic clubs find the general public apathetic toward their endeavors.

Public libraries and suitable sites for recreation grounds are a nurse's business, just as important in their way as is the bedside care of the sick, and the nurse should join with the mothers and housekeepers in obtaining them. The nursing profession has already worked wonders in the world, and it is up to the returned nurses to join with those who worked at home to extend that good influence through the next decade, and "carry on" in united efforts and ambitions.

WHAT A NURSE SHOULD KNOW ABOUT SYPHILIS

BY HERMAN GOODMAN, B.S., M.D.

(Continued from page 202)

SETTING UP FOR SALVARSAN

"Salvarsan at nine to-morrow, Miss N. We will use the Arsenobenzol from Philadelphia. Please prepare Mrs. Smith, Mr. Jones, and Master Jenkins. I will also have an outside case for 'Neo,' " and with a pleasant smile, the doctor was gone.

Miss N. is on duty in a small hospital, and as she is rather proficient, let us follow her, as step by step, she fulfills her task "better than which can no man."

Step one. She calls up the pharmacy. "Mr. Pharmacist, Dr. Ward will give salvarsan to-morrow morning. I am sending over a sterile Erlenmeyer flask. Will you distil a liter of water and have it boiled and cooled by 8:30 a. m.? Yes, absolutely freshly distilled, it is to go into the blood, you know, and make up a 15 per cent. solution of sodium hydroxide. We wish about 15 c.c. Please use our regular glass stoppered bottle, so that the solution will not get brown from a cork. Thank you."

Step two. She calls up the kitchen. "This is Miss N. speaking. Will you please send up three suppers without any meat? And to-morrow there will be no need for three breakfasts or lunches but there will be three light suppers. Dr. Ward is giving some special treatments. You will get the written order from him. You will remember, anyway? That is nice."

Step three. At the instrument case, Miss N. checks her list labeled, "Needed for salvarsan." 1. Mixing cylinder with glass stopper; 2. Gravity tube, rubber tubing, pinch cock, and needle connection; 3. Glass funnel; 4. Glass dropper, rubber bulb; 5. 250 c.c. Erlenmeyer flask; 6. File; 7. Needles (Fordyce); 8.2 c.c. hypodermic syringe, and needles.

Miss N. opens the Neosalvarsan set and checks: 1. 50 c.c. glass beaker; 2. 30 c.c. all glass Luer syringes, with about six inches of rubber tubing having a female connection to fit the syringe, and a male connection to fit the needle; 3. Glass rod, about eight inches long; 4. Needle (Fordyce).

All the instruments are examined. None of the glassware is found cracked. The points of the needles are sharp; and the stylets pass through readily. The glass stopper fits the cylinder. The rubber tubing is free from holes.

In the morning, Miss N. will wash all the instruments with soap and water, rinse thoroughly with filtered water, wrap each in a towel, and sterilize by boiling in filtered water.

Step four. The three patients are given their supper which is meat free. At night, each is given a dose of castor oil. Before going off duty, Miss N. reminds them not to take any breakfast. The night nurse is told to send a sample of early morning urine to the laboratory for immediate examination and to take the weight of each patient.

Step five. Miss N. is at work in the operating room. She has set out a package of sterile hand towels, a package of sterile gauze wipes, a small basin, a bottle of alcohol, four test tubes with corks, and labels, a tourniquet, a tube of adrenaline hypodermic tablets, and a bottle of collodion.

The sterilizer is humming merrily.

The operating table is flat. There is no pillow. There is a square of rubber sheeting about the middle where the arms will rest.

On a side table is the liter of freshly distilled water, the solution of sodium hydroxide, and heater (alcohol or electric). The table is covered with a sterile towel and Miss N. is already transferring the contents of the sterilizer to the table.

Dr. Ward comes in, nods his approval, and passes to the wash room. Presently he returns, arms and hands scrubbed, and wearing his white gown.

Miss N. watches as the doctor skillfully goes through each move from immersing the ampoules in alcohol (to see if they are intact) to the addition of the last drop of alkali. There is nothing she can do, for everything has been prepared and the making of solutions of salvarsan is a one man's job.

The salvarsan ampoules are taken from their wrappers and put into a dish of alcohol. Air-tight tubes float, but tubes that are defective sink, or the alcohol reaches the inside and moistens the powder. Only tubes that float should be used. The tubes are dried with sterile gauze, as is the alcohol sterilized file. The ampoule is readily opened by stretching the neck with the file and smartly tapping the far end. The powder is then dropped into the mixing cylinder. Water is now added to the powder, using approximately five c.c. to the decigram. For

case in bringing on solution of Philadelphia Arsenobenzol, this water should be bubbling hot. Shaking for a minute is all that is necessary to bring about solution. Sodium hydroxide is now added to solutions of salvarsan, diarsenol and arsenobenzol, we shake after the addition of each few drops of the alkali and continue to add until the precipitate which is first formed is redissolved. The final neutral solution is absolutely clear. It is not essential to test with litmus.

We ordinarily use for injection 20 c.c. of sterile water to the decigram. Exceptionally, we have given salvarsan concentrated to ten c.c. to the decigram as a time saving measure in a dispensary. For the injection proper, we take a single gravity tube of 250 c.c., nozzle tip at the bottom, and rubber tubing about five feet long. The entire apparatus is suspended about two feet above the level of the vein into which the needle is to be introduced. Water is first run through the gravity tube to displace all the air. The salvarsan solution is filtered through wet gauze from the mixing cylinder to the gravity tube. If dry gauze is used, it is very possible that a few loose ravelings from its surface may be washed into the filtrate. The solution should not vary much either above or below blood heat.

The doctor signals "ready," and Mrs. Smith comes in and as she gets on the table, hands the doctor her chart with urine analysis and weight. She is free from all constrictions, such as corset, or collar. Her left arm is bared to the shoulder, and the region of the antecubital fossa is cleaned with an alcohol soaked sponge. The tourniquet is arranged with a slip knot, and Dr. Ward skillfully introduces the needle, draws some blood into a test tube, which he hands to Miss N., loosens the tourniquet, and connects the salvarsan tubing. When he has allowed the proper dose to run in, he withdraws the needle, and presses over the puncture a fresh piece of sterile gauze which effectually stops the bleeding. Before she leaves the room, Mrs. Smith has a drop of collodion put over the puncture, and then proceeds to bed where she remains for four hours.

Smoothly the other two patients are injected. Then the doctor calls in his fourth case, busies himself with the preparation of the "914" which is: to measure 30 c.c. of cooled freshly distilled water into the beaker, empty the Neosalvarsan into the water and stir for a moment with the glass rod. He draws the solution back into the syringe, and the rubber tubing gives a mobile point to the needle instead of a stiff one. The Neosalvarsan is injected immediately.

Miss N., as soon as the room is empty, rinses all the glassware, cleans it with soap and water, sterilizes it all and, after drying, puts it back into the instrument case.

While she is at work, Dr. Ward comes through the room. "Quite lucky to-day, Miss N., not one had a reaction and we did not need that adrenaline you prepared. Remember, plenty of water for those patients, tea and toast in about four hours, and a light supper to-night. Call me up if anything happens, which I doubt. Good morning."

WITHIN LAKESIDE

BY ADELPHIA M. ALLEN

Student Nurse, Lakeside Hospital, Cleveland, Ohio

"Give once, but enough for all," Cleveland's slogan for her community chest which is to give aid to seventy-seven relief organizations, was even more apropos to the nursing force of Lakeside Hospital, whose members, besides wishing to support this campaign, desired also to contribute to the memorial to be erected in France for the nurses who died in service, and to send a delegate to the International Student Volunteer Conference at Des Moines in January.

A campaign for raising these funds was never organized. The splendid idea of individual effort for every contribution was originated by our principal who, instead of announcing it to the students, very subtly suggested it by placing rather puzzling posters in the Nurses' Home stating a time and an attraction of interest to all departments,—the proceeds of which would be one contribution towards our desired funds. This initial step was supported by a few other anonymous posters which also came, as we deciphered with much difficulty, from the "front office" proclaiming other daring ideas to gain funds. At the very first appearance of the posters the students caught the spirit. From that instant, friendly and spirited rivalry to make each individual effort more unique and financially successful than all preceding ones was the game of the hour. Keen, aggressive minds and quick action kept this initial enthusiasm at a high pitch throughout the week.

The psychology of the nurse's mind had been studied subconsciously during the previous months if the deft way of appealing successfully to her ardent desires is any criterion. Many of her fondest dreams were within her grasp. At no time, day or night, need she be without the slightest comfort, for even before she made her desires known, some nurse was only too willing, if not already waiting to fulfill her fancies.

Was she ever hungry? Every night she could satisfy her hunger. Venders in costume were to be seen strolling everywhere through the corridors of our home, attracting the occupants with their popular wares of pop-corn balls, peanuts, candy, sandwiches and cocoa, "hot dogs," and ice cream cones. Each was sold for a mere pittance. "Eats" became so popular that Aunt Jemima and her close relatives from the Sunny South appeared in our midst to give us our fill of waffles and syrup. The food luxury culminated on Sunday morning when a few self-sacrificing nurses gave up their morning nap to

prepare and serve at the very bedside of those fortunate enough to have the "morning off," an honest-to-goodness breakfast that made us think strongly of our good old homes and mothers.

Was a student longing, perchance, for the finishing touches of the beauty parlor, the shampoo, the A No. 1 manicure, the massage? Her patronage was sought out and open appointment hours were quickly suggested to her. Emphasis was placed on the excellent service, low rates, and the proximity of the parlors to the customer. Think of patronizing beauty parlors run by supervisors and head nurses! A wild dream? No,—reality for one whole week.

Could it be amusement and entertainment that she desired? Not once did she feel the need of spending her evenings at concerts, theatres, or movies. Elaborate Thé Dansants, penny socials at which you could see, eat, hear, and dance as long as the coppers lasted, "Lakeside Follies" in which dash and beauty gratified an eager audience, and a Community Sing from which re-echoed good fellowship, were hers.

Was she looking for the latest current literature? Sold at her very door was the *Lakeside Hemophilia*, a local of four sheets edited by a staff composed of members from each class of the school. She could meditate on the Principal's message, the editorials, class notes, new student government outlines, or ponder over a tempting article on The Impending Shortage of Fish, contributed by one of our house doctors, or many bits of prose or poetry of note.

Were there a dozen and one things to be done, with no ambition to do them?—fine linens to be laundered, rooms to be dusted, beds to be made, uniforms to be repaired, stockings to be darned? Some one was waiting for every job! A shoe shining parlor was opened every evening at just the right spot in the home to force every one to pass it several times. Two thrifty coons enlarged their business by staring at the feet of the passers-by and shouting, "Say, ladies! Look at dem shoes. Yo' need a shine—bad! Two feet fo' five cents. Step right up." Customers were much pleased with the excellent service and with the Shakespearean quotations which were recited as the shine appeared on many a shabby old shoe.

Growing rather blasé to the many luxuries heaped about her, the nurse was still aware of many beautiful articles,—silk hosiery, a hand crocheted yoke straight from France, and even a Rembrandt etching, which were offered to one of many. One or all of these were hers if luck favored her. Would she take a chance? Yes, when for from five to fifty cents she might have them in her possession.

Could she desire more? She could dream of but one more comfort,—that of arising each bitter cold morning in a comfortably

heated room. With one enterprising nurse caring less for her morning nap than most of the others, closing windows, turning on radiators and lights, for a single cent a day, we at last have in reality, a nurse in training, and indulging at the same time in all the accessories of the rich.

The week's experience netted the school vastly more than six hundred and fifty dollars. It proved to both supervisors and students that the quality of the hospital work could be kept at its high standard during one of the busiest weeks of the year, and that the usual rigid ward discipline could be maintained while in the home there was absolute abandon in the freedom which was given each individual to work out her ingenious scheme to magnetize the small coins of her fellow students. The enthusiasm, "pep," and united effort exhibited resembled many of our college campaigns, but over and above these, this campaign in the hospital has the added advantage of assuming a more concentrated nature, greater opportunities to execute impromptu plans successfully and to work in more intimate relations with fellow students. The campaign has unearthed much individuality among the nurses and has created a keen group spirit displayed by splendid coöperation, good will and fellowship which necessarily will be the basis for greater opportunities for the home life of the nurses in training.

A campaign such as has just been completed is indeed unique in the history of training schools for nurses but it gives a forward suggestion which should be beneficial in both the ward work and the home life. The individuality of the student, which sometimes has been suppressed or crushed by routine in hospitals, in the past, was given a test in this campaign and evolved astonishing results. It clearly showed that individuality, when rightly directed, is a great asset, not a hindrance, to an institution and brings greater interest and harmony in the entire group besides allowing a much more normal development of the individual. May it be the fortune of many other training schools to experience the thrill of greater possibilities in coöperation and hearty fellowship which have so firmly gripped all the members within Lakeside.

RANK FOR NURSES—WHAT SOME DOCTORS SAY ABOUT IT

The following extracts from letters written by medical officers who served during the late war, are somewhat of a contradiction to statements made by Surgeon-General Ireland, as to the need for Rank, at the hearing before the subcommittee of the committee on military affairs, the report of which was given in October, 1919, JOURNAL.

Dr. William S. Thayer, Baltimore, Md., lately Brigadier-General, M. C., and Head of the Medical Department of the American Expeditionary Forces, to Miss Bessie Baker, formerly Chief Nurse of Base 18, A. E. F.

I have come to the conclusion that it is distinctly desirable that steps be taken which should give the nurse a more definite army standing than she has had heretofore. I believe that, as in the Canadian army, a regular army rank would be advisable. The question is a perfectly simple one. It is not, as I see, a question of the dignity of the army nurse; that does not need protection or support. The record of the Army Nurse Corps in France and in America, and the character of its members have established that beyond the possibility of change. The question is one simply of efficiency. It seems to me that the efficiency of the Army Nurse Corps would be increased by the giving of rank. There is a certain necessary authority that the nurse can, it would appear, exercise only through the possession of rank. If that is the case, rank should be given to the nurses, and I believe it should be.

Dr. Thomas R. Boggs, Baltimore, Md., lately Colonel, M. C., A. E. F., to Miss Bessie Baker.

It seems to me only proper that I should express to you my change of view with regard to the question of rank for nurses. On several occasions we talked over this matter in France, and at that time I felt that there were many objections to this movement; but with the accumulation of experience as I traveled about from one hospital to another, and since I have returned to America and had time to talk and read further on the subject, it seems to me necessary that in spite of certain objections the army nurses must have rank, otherwise the efficiency of a highly trained technical branch would be so greatly impeded by ignorance and incompetence on the part of those who do not understand the nurses' functions, that the sick and wounded cannot get the care they need. If at any time I can be of assistance in helping the cause, I will be glad to have you let me know, as I am fully convinced that it must come, and the sooner it comes the better.

Dr. Harvey B. Stone, Baltimore, Md., to Miss Bessie Baker.

During the entire active participation of America in the war, I was doing hospital work in France. My duties involved close and direct contact with the ward work of a base hospital. These facts are mentioned to show the experience on which the following opinions are based. I am confident that in order to secure the proper obedience and respect from enlisted men to nurses, the nurses should be put on the same plane in regard to them as the one on which the officer

stands. In the absence of the officer the nurse becomes responsible for the administration of the ward and the control of the hospital personnel. This responsibility must be accompanied by the necessary authority. In the army authority is everywhere vested in rank. It is, therefore, self-evident, that for the proper execution of her duties, for the smooth running of the hospital, and for the welfare of the patients, it is essential that the nurse be given the equivalent of officer's rank. You may use this letter as you see fit to secure this desirable object.

Dr. Richard C. Cabot, Boston, Mass., lately Colonel, M. C., A. E. F., to Miss Clara D. Noyes, President American Nurses' Association.

I am heartily in favor of rank for army nurses. They did more than we did—we the doctors—and as we were officers they should be.

Dr. Roger I. Lee, Harvard University, Cambridge, Mass., lately Colonel, M. C., A. E. F., and Consultant to the Third Army Corps, to Miss Phillis M. Dacey, Fall River, Mass.

I am naturally much interested in the proposed bill to give nurses adequate recognition in the army. There is no question but that the efficiency of a hospital demands that the nurse must be in charge of the professional care of the patients on the ward, and in this professional care, that the nurse should have authority over the enlisted men. Whether this is done by actual rank or relative rank seems to me to be immaterial. There are, perhaps some objections to nurses having actual rank, as there might fall upon them some of the responsibilities which devolve upon all officers. However, I can see no objection to giving the nurses at least relative rank. The problem, as you know, came up a good many times in France, and my experience as commanding officer of U. S. A. Base Hospital No. 5 for several months, as well as my experience after I joined the A. E. F. as consultant of the Third Army Corps, make me most emphatic in my opinion that some step is needed to give the nurse adequate recognition. I believe that if the nurses had relative rank, or absolute rank, the patients would be very much better cared for, that the nurses would be able to do more and better work, and under much less difficulty. I believe, furthermore, that it would very much increase the *esprit de corps* in the Army Nurse Corps.

Dr. Arthur H. Ruggles, Providence, R. I., lately Colonel, M. C., A. E. F., to Mrs. Austin T. Levy, Harrisville, R. I.

I am heartily in support of the Jones-Raker Bill to secure military rank for army nurses. The need of such a recognition of the work of the army nurses was certainly demonstrated during the recent war. As Medical Director of Base Hospital No. 214, and as consultant in psychiatry with the Chief Surgeon in England, I became convinced that the sick and wounded soldiers would receive better treatment if army nurses had relative rank. The enactment of this bill, it seems to me, would greatly improve the nursing service in our standing army and would make for much greater efficiency in the event of any future wars. Nurses in the armies of other countries have been given rank, and from personal observation I know that it has improved the medical service. I earnestly hope this bill may pass.

Dr. Lucius C. Kingman, Providence, R. I., lately of the M. C., A. E. F., to Mrs. Austin T. Levy, Harrisville, R. I.

For the proper care of the soldier patient, military rank for the army nurse, even if relative, is of the first importance.

Dr. P. D. MacNaughton, Calumet, Mich., lately Lt. Colonel, A. E. F., to the National Committee to Secure Rank for Nurses.

It gives me pleasure to indorse the request of the National Committee for Rank for members of the Nurse Corps of the military service. I was in command of a base hospital in the A. E. F. in France and fully realize the handicap nurses are under, without rank. Their education and training entitles them to this consideration without considering their responsibilities.

Dr. H. N. Torrey, Detroit, Mich., lately Lt. Colonel, M. C., A. E. F., to National Committee to Secure Military Rank for Army Nurses.

I served twenty-one months in the A. E. F. in France, both in the field and in a base hospital. I feel very strongly that an army nurse should have a commissioned rank. In her work, traveling, etc., she has great need of the privileges and authority such a rank would give her.

Dr. John Allan Talbott, District of Columbia, lately Lt. Colonel, M. C., A. E. F., to National Committee to Secure Military Rank for Army Nurses.

From my observation extending over a period of eighteen months as an officer in the Medical Corps of the United States Army—one year of which time was spent in France—I am convinced that rank for nurses will prove a marked step in the betterment of the medical branch of the service. Nurses, in the absence of medical officers, often have charge of from fifty to one hundred patients and in time of war, many times a larger number. Their responsibility is great and surely comes next after the responsibility of the medical officer. My experience has been that quite a bit of friction has been caused between soldier patients, the non-commissioned war personnel and the nurses, simply because the nurses apparently had little authority. If this bill goes through, allowing rank for nurses, it will only place them on the plane to which their responsibility entitles them. Soldier patients will have certainly more respect for the authority of nurses who carry the insignia of commissioned officers. My rank in the Medical Corps when discharged was Lieutenant Colonel and I was commanding officer of Base Hospital No. 114, A. E. F., for a period of ten months. In closing I am most emphatic in trusting that this bill will pass.

Dr. Lester J. Efrid, Tampa, Fla., lately Lt. Colonel, M. C., A. E. F., to National Committee to Secure Military Rank for Army Nurses.

I think if nurses were given commissions there would exist a more cordial feeling between them and medical officers; they would have more authority over their patients and the question of the nurses associating socially with the enlisted men would be definitely settled. I am in favor of commissions for the nurses in the army.

Dr. Frank K. Boland, Atlanta, Ga., lately Lt. Colonel, U. S. A. M. C., to the National Committee to Secure Military Rank for Army Nurses, Washington, D. C.

The most important reason for granting relative rank to nurses is to impress the Medical Corps with the nurse's authority. During my recent experience in the army, I frequently found it difficult to cause corps men to take orders from nurses. In the proper execution of medical orders it is absolutely necessary for the nurse to supersede the corps men. The graduate nurse's superior medical education and experience justify this contention. In the second place, I believe the senior nurses are entitled to this distinction in order to give them authority over their juniors. Thirdly, army nurses should have rank as a reward for faithful and long service.

Dr. Irvin Abell, Louisville, Ky., lately Colonel, U. S. A. M. C., to the National Committee to Secure Military Rank for Army Nurses.

From my experience in command of U. S. Base Hospital No. 59 from the time of its organization until April, 1919, as well as from experience in the Base Hospitals at Camp Bowie and Camp Shelby, I believe that relative rank for nurses would make for more efficient ward administration, would secure better discipline from patients, and would secure efficient service from the enlisted men.

Dr. William J. Mayo, Rochester, Minn., lately Colonel, U. S. A. M. C., of the staff of the Surgeon General, to the National Committee to Secure Military Rank for Army Nurses.

I believe that nurses should have relative military rank. Authority in the army goes with rank. Without rank there is no authority. Without authority the nurse cannot exercise to the full those influences which in civil life have made her one of the greatest agents for good of modern civilization.

Mr. H. W. Loeb, St. Louis, Mo., lately Colonel, M. R. C., to Mrs. Helen Hoy Greeley, Counsel to National Committee on Rank.

I wish to announce through you my conviction that it is absolutely essential for nurses to be given a rank in the army if they are to exert their proper influence in connection with the medical work in the army.

Dr. David A. Kraker, Newark, N. J., lately Colonel, M. R. C., A. E. F., to Mrs. Helen Hoy Greeley, Counsel to National Committee on Rank.

As Commanding Officer of U. S. A. Base Hospital No. 78, A. E. F., I wish to reiterate a statement made by me before the Morris County, N. J., Medical Society, and which expresses my sentiment on this subject. A word about the American nurse; to my mind she was the most valuable part of the Medical Department; always ready, always willing, never tired or complaining, and without recognition or recompense. Other nations have recognized the nurse, by giving her commissioned rank, and conferring upon her other evidences of recognition, but we Americans have done nothing. I feel that the official support of the medical profession, by asking Congress to confer commissioned rank on the army nurse, is a duty we should not neglect. I shall continue to urge Rank for Nurses to the limit of my influence.

Dr. Addison G. Brenizer, Charlotte, N. C., formerly Lt. Colonel, M. C., A. E. F., to Miss Sara E. Parsons.

It gives me the greatest pleasure in the world to endorse the bill to give rank to army nurses. The bill is not only just, but necessary to the most efficient service in army hospitals. During my experience in the army, especially when

I was in charge of the surgery at Base Hospital No. 6, A. E. F., I always had the greatest sympathy with the nurse's position. In my department she served in positions of great responsibility and served most efficiently. Her suggestions though without authority had to be followed, because they were founded on a knowledge of hospital administration that the medical officer did not possess. Her service would surely have been more effective had she been able to project her knowledge by virtue of proper authority.

Dr. J. M. Ingersoll, Cleveland, Ohio, formerly Lt. Colonel, M. C., U. S. A., to National Committee to Secure Rank for Nurses.

I believe that giving rank to the army nurses and permitting them to wear the insignia of the rank will add to their efficiency in the army work and, therefore, favor the Jones-Raker Bill for relative rank for army nurses.

Extract from an address made by Dr. Helen K. Wallace, Captain, M. C., Base Hospital No. 59, at the annual meeting of the Missouri State Nurses' Association, St. Joseph, October 29-31.

Did the army nurse have to be drafted? Certainly not. They all volunteered of their own free will, leaving better positions, their homes and friends and comforts, to work often day and night, both in the camps at home and in the hospitals overseas, often under shell fire, always in the mud, traveling at time in box cars and third class coaches, eating "corn Willie and gold fish" and other such dainties, with never a murmur nor a complaint, nor are they now complaining, but merely asking what should have been given them long ago. Their job is one requiring special training of at least three years, entailing the responsibilities of an officer, and carrying with it the privileges and restrictions of an enlisted man. To maintain proper discipline in a ward, which after all devolves upon the nurse, wherever it has been placed theoretically, it is necessary, or certainly advisable, that the nurse should have rank. The manual of the Medical Department says "The nurse shall be in charge of, and responsible for, all matters pertaining to the nursing and care of the sick." What about a ward does not pertain to the nursing and care of the sick? Is not the position of the nurse in charge of a ward comparable to that of a lieutenant in charge of a platoon? Both are responsible for the execution of the orders of the captain in charge of the ward or company, as the case may be. Then why should she not be of equal rank with the lieutenant? Her responsibilities are as great, and her training very often much more highly specialized and of a longer duration. Is it merely because she is a woman? But being a woman she is better fitted for her particular work. Surely her sex should not be an argument against her deserts. Again, were it an experiment, possibly this would be an argument against Rank for Nurses. But we have the experience of the Canadian and Australian armies in which the nurses do have rank, and the English army in which the nurse has what virtually amounts to rank, and where has any one seen better managed or better disciplined hospitals than these? As it now stands, the nurse has a peculiar and unique, although not particularly enviable position. The buck is passed down to her from the officers, and up from the enlisted men; the result is she is responsible for everything and has control over nothing.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF
ISABEL M. STEWART, R.N.

SOME PRINCIPLES UNDERLYING EFFECTIVE SUPERVISION

BY GRACE ALICE DAY

Instructor in Elementary School Supervision, Teachers College, New York

Supervision and supervisors have, in all fields of human endeavor, come to be very powerful factors, in industry, commerce, government, education, social service and elsewhere, yet very little has been done to find and establish broad fundamental principles of supervision upon which a supervisor might base his or her work with the hope of building up a successful practice.

The following paragraphs offer to supervisors in the fields of nursing and public health a few principles of supervision which have been evolved from a prolonged study of, and practice in, school supervision. They are offered here in the belief that, at bottom, the supervision of nurses, of teachers and of workers in other fields, will be found to involve identical elements and common problems. Indeed, there is reason to believe that because the foundations of the following principles are laid in the science of psychology, they apply quite generally to human relationships wherever one human being is striving to affect the conduct of another.

The first thesis which demands preëminence is this,—Supervision is a matter of rendering expert service to those who are supervised in response to their felt needs. In other words, the function of a supervisor is to further the efficiency of the worker supervised. Much time and energy are wasted by supervisors in trying to increase the efficiency of workers because the supervisor frequently fails to subordinate herself to the felt needs of the worker. Too frequently, supervisors go forward on the false notion that they know best what the worker needs and that this is the thing to give to the worker regardless of the worker's own attitude. This results in considerable waste and often in great disaster. Why? Because, when a worker has a felt need for a suggestion, help, instruction or guidance she not only takes more kindly to it, but she gives to it more alert, intelligent and concentrated attention. She is, indeed, eager for it, bends herself to it, throws her energies into it. In this case the worker is grateful to the supervisor, open-minded toward her, and regards her as a friend and benefactor if the supervisor has fruitful suggestions, help, or instructions to offer. The supervisor and worker thus become co-workers concentrated upon common purposes, working in harmony

and without waste of physical, mental, or emotional power. On the other hand, if there is no felt need for the offerings of a supervisor there is at best an indifferent attitude, slight attention and generally little use made of the proffered services. Quite commonly the worker does not understand the purposes and behavior of the supervisor, and interprets them as arbitrary interference or impositions to be escaped by all possible means. Out of such a situation grow disappointment, resentment, antagonism, friction and failure.

One of the first demands, then, upon a supervisor is to discover the felt needs of those supervised and, however trivial these needs may seem, to deal with them sympathetically, seriously and to the satisfaction of the worker. As the worker finds her needs being met by the supervisor in this fashion, she begins to have faith in the supervisor and to respect the supervisor's ability to supervise. Thus the way is opened to the supervisor to lead the worker into new fields of endeavor, to higher standards of work, to discover further need of help, instruction and guidance in her own professional improvement. Thus does the supervisor open to herself the opportunity of presenting to a receptive and eager worker those suggestions, helps and ideas which she feels are most needed by the worker. That is, she finds herself, now, in a position to render expert service of the highest order to the worker in response to the felt needs of the worker.

This leads us into a second principle underlying success in supervision. Expertness within a given field, based upon the best possible training and a broad experience as a worker within the field, is a prerequisite to special training for supervision in that field. That is to say, in order to meet the needs of teachers, adequately, in their professional growth, or to help them to improve their work, the supervisor must have had the training and experience as a teacher which has enabled her to solve successfully at least a part of the vast number of problems which teachers bring to supervisors who prove themselves to be helpful. Then this training and experience must be followed by further special training in supervision before a supervisor of teachers can hope to live up to the possibilities for service in such a position. So, also, will the supervisor of nurses function adequately in this capacity only where she has had the highest type of training offered to nurses and a successful experience as a nurse before she enters upon special training as a supervisor of nurses. It would not be reasonable to expect untrained supervisors to appreciate the full significance of these statements, for they have not the facts at their command which would enable them to see the full distance which lies between the services of prepared and of unprepared supervisors. But much of the disappointment and bitterness among skilled and

professional workers under supervision comes from the failure of an untrained supervisor to render service upon the highly technical and most difficult problems.

The third proposal which might well be made here is that a test of skill in supervision is the amount of spontaneous or voluntary return to the supervisor by the worker when in need of further supervision. If the supervisor has succeeded in establishing a free and friendly relationship between herself and the supervised, and if the supervisor has proven herself a real source of expert, professional assistance in case of need, the worker naturally turns again and again to the supervisor for further service. As yet no more accurate measure of a supervisor's efficiency has been found.

The greatest efficiency in supervision is secured when the relationship between the supervisor and the supervised is genuinely democratic. Then all of the attention of both workers is released from petty considerations of relative personal positions, and this attention may be centered upon the work in hand. The highest type of skillful supervision is successful democratic leadership. This means that the worker follows the supervisor from rational choice, because the supervisor has proven herself to be leading in the right direction. It means a double assurance that both will be traveling in the right direction because both will feel free, at any time there seems to be a reason, to call a halt, take soundings, weigh values, measure distances and to suggest a better procedure. Thus there will be the maximum amount of intelligence put into the direction and execution of the work. The worker will tend to loosen her full energies in the work because of the satisfaction which comes to her fundamental, instinctive desire to be a cause. Joy in one's work is dependent upon this satisfaction. The great secret in successful supervision is being able to help the worker to find joy in his work, and then again more joy, and then continually new joys, until joyful work has become the fixed habit of the worker.

Our next principle underlying effective supervision is akin in its fundamental psychology to the one just stated in the above paragraph. Supervisors can well afford to study and make use of the thought that every individual reaches his highest possibilities in any field of endeavor through interest, self-activity and opportunities for creative self-expression. Space does not permit the elaborate amplifications and applications which this thesis deserves. It is worthy a whole volume in the library of a supervisor. To be able to foster the interest and enthusiasm which the young worker brings into her work, to make way for her further growth and efficiency by encouraging the expression of her own ideas in her work, to help her to find in this work a satisfying outlet for her creative capacities, is the demand laid upon

one in the high calling of supervision. Furthermore, it frequently falls to the lot of a supervisor to revive the lost interest of a worker, to open new possibilities for creative work which will mean new life, new enthusiasm and a whole-hearted devotion to the work which can be secured by no other means. Supervisors clothed in authority have too commonly failed to provide the mental and spiritual nourishment upon which interest, high ideals and devotion to service thrive. Too often their work is a matter of mere direction, inspection and the dictation of orders. Thus the worker under such supervision works under the will of another, robbed of all opportunity to purpose or plan or to put her own brain power into her work. Her work becomes mechanical and she becomes dehumanized. Why does the artist love his work? Because his whole being,—body, mind and soul—goes into it. The supervisor who is a successful leader furnishes to her co-workers some of the possibilities which the artist finds in his work for creative self-expression.

Effective supervision can be accomplished only by educative means and methods. To have an abiding interest in one's work generally necessitates an intelligent understanding of this work not only in all of its details, but in relation to the world's work in the large, and in relation to and as a part of large social movements making for a better world. Normally to know the reasons and see the connections give a satisfaction that lifts work to a higher level of excellency. Understanding this, wise supervisors strive to share with their teachers, nurses or other co-workers all of the intellectual and spiritual aspects of the work and the larger responsibilities. In other words, they strive to educate as well as train the worker.

Effective supervision can be accomplished only by educative means and not by autocratic rule. The goal in any supervision should be a responsible, self-reliant, self-respecting, skillful, intelligent and devoted worker. In all fields of skilled work this means the possibility of further growth throughout the working life of the individual. Supervisors, then, whose business it is to further this growth will study the psychological laws which control growth, and modify their methods according to these laws if they hope for success. The reader who desires to make a serious study of the laws of growth is referred to Professor Edward L. Thorndike's three volumes on Educational Psychology. The use of the educative method in supervision means that the supervisor will make clear to the worker all of the facts in the case, not only the immediate facts but often the most remote, will explain the reasons, show cause and effect, in fact, share all of her own ideas, ideals, knowledge of fundamental principles, etc., with the worker, and thus by rational persuasion secure the whole hearted

coöperation of the worker. To be sure the supervisor does not wait until she is in a crisis to go through this slow process of education. She prepares the worker in advance for the crisis.

Suggestions and criticisms made by a supervisor will be most effective when based upon sound principles which are made clear to the worker. Such suggestions and criticisms make a rational appeal to the worker and are more likely to become a part of her own working principles. When, on the other hand, a criticism or suggestion is given in the first person by the supervisor as a matter of her own personal opinion, it may or it may not carry weight and be used by the worker. So also if the supervisor falls back upon the authority of her position and gives a suggestion or a criticism as a command, it will not function to the extent that a criticism or suggestion does which the worker acts upon because it has made a rational appeal. Once a worker acts upon a suggestion because she has accepted it as rational, the supervisor can count on that suggestion functioning every time an occasion comes up for its use, whether the supervisor is on the watch or not. Thus we might go on to show the enormous economy in supervision by an educative and democratic method versus the enormous waste in the non-educative and autocratic method.

Unless a supervisor's criticisms are constructive, they fail of their proper function. It is not enough to show a worker where her work is good or bad. To be of any real help the criticism must show her how to improve or the reasons why her work is good so that she can use the same principle for even greater improvement or in other phases of her work which may not be so strong. And this is not enough. To be really constructive, a criticism or suggestion must be put in such a way that the worker will meet it with sufficient eagerness, enthusiasm or appreciation to act upon it and find satisfaction in so doing.

An expert supervisor becomes to the worker a reservoir of helpfulness if the supervisor is constantly renewing her own strength and providing for her own growth by drawing upon deeper sources of knowledge, wisdom, and inspiration. In this connection it should be said that frequently the greatest help that a supervisor can give a worker is to put the worker into direct contact with the sources from which the supervisor has drawn her own power. Too often the supervisor tries to become the medium, and the worker gets only a paltry fraction of whatever help there was in the original source.

Finally, in order to supervise, that is, to render expert professional service to workers in response to their felt needs in the process of professional growth, a supervisor must draw freely upon the facts and principles of modern psychology, sociology and a truly democratic philosophy.

THE RED CROSS

IN CHARGE OF

CLARA D. NOYES, R.N.

Director, Department of Nursing

For the first time since the signing of the armistice, the National Committee on Red Cross Nursing Service met at National Headquarters, December 9 and 10 to discuss the future policies of the Nursing Service.

In view of the momentous changes which have taken place within the past year,—the signing of the armistice, the readjustment of the service from the height of its war speed, to the equally important needs of peace, the loss of Miss Delano overseas, and the problems of increasing complexity which are arising,—this meeting brought to Washington a keenly interested representation of the nursing organizations of the country: M. Adelaide Nutting, Anna C. Maxwell, and Ella P. Crandall, New York; Susan C. Francis, Philadelphia; Grace O'Bryan, Boston; Sophia F. Palmer, Rochester, N. Y.; Mary E. Gladwin, Akron, O.; Jane E. Nash, Baltimore; and from Washington representatives of the Surgeons General of the Army, the Navy, the U. S. Public Health Service and the Red Cross attended. Ruth Wheeler, Baltimore, represented the Red Cross committee on Dietitians' Service.

After the election of Miss Noyes and Miss Deans as temporary chairman and secretary, Dr. Livingston Farrand, chairman of the executive committee of the American Red Cross, welcomed the members of the National Committee. "In looking toward the future," he stated, "we have come to realize that without health, we can really have little else. The kernel of our Red Cross program centers in the nurse whom you represent. She becomes the central factor of the activities which we contemplate, and to operate as an organization interested in the promotion of national health, the Red Cross stands in need of the soundest advice, the wisest counsel which you can give. We are depending on you, and are grateful to you for the time and the thought which you have given in coming to advise us regarding our future program."

In looking toward the New Year, the National Committee first expressed in the following resolution its deep appreciation of the work of American nurses during the war,—the best warrant possible for the success of the new program:

The National Committee on Red Cross Nursing Service at this, its first meeting held since the signing of the armistice, wishes to record its deep

appreciation of the superb response of the nurses of America to the great demands made upon them during the recent war, in which they enrolled in larger numbers than eventually were used. It finds no words adequate to convey to them its grateful recognition of their untiring devotion to duty, of the high quality of their work and of their heroic endurance of the unparalleled difficulties under which that work was carried on. It feels that in all essentials they have, as a body, upheld the highest traditions of nursing. The Committee takes pride in them and their achievements and asks that this minute be spread upon the records of the Committee.

The following resolutions were also drawn up and presented by the temporary chairman to the General Board of the American Red Cross meeting December 10, which in turn voted that this minute be amended to include the General Board as well:

WHEREAS in the death of Miss Jane A. Delano, first Chairman of the National Committee on Red Cross Nursing Service, and Director of the Department of Nursing of the American Red Cross, on April 15, 1919, in line of duty at Savenay, France, the National Committee on Red Cross Nursing Service representing the Nurses of America, suffered an irreparable loss; and

WHEREAS Miss Delano in her dual position of Chairman of the National Committee and Second Superintendent of the Army Nurse Corps, was instrumental in making the Red Cross Nursing Service the Reserve of the Army and later the Navy Corps; and

WHEREAS during the ten years in which she served the Red Cross as a full-time volunteer, by reason of her clear vision, her genius for organization, her gracious leadership of the nurses of America, and her intense patriotism, the Red Cross was able to meet the nursing needs both of the military service and its own work in this country and overseas, in supplying over twenty thousand graduate nurses for service during the period of the war;

BE IT HEREBY RESOLVED that we, the National Committee on Red Cross Nursing Service, meeting for the first time since the death of Miss Delano, do herewith record our deep appreciation of her life and of the service which she rendered to the nurses of America, to the Red Cross, and to the entire world.

After a report of the work of the Red Cross Nursing Service overseas which now has units in France, the Balkans, Poland, Czechoslovakia, Italy, Greece and Siberia, the National Committee turned its attention to the vast program of health conservation and education which the Red Cross Department of Nursing is undertaking in the United States. Of especial interest were the reports of the Directors of the Red Cross Bureaus of the Department of Nursing.

Elizabeth G. Fox, Director of the Bureau of Public Health Nursing, outlined the guiding principles of the public health nursing program of the Red Cross:

"We try not to supplant or to compete with, but to supplement the work of other agencies. Believing that public health nursing should ultimately become a public function, we feel that every effort should be directed toward assisting the State governments to build

up adequate nursing systems. We also believe that the Red Cross Public Health Nursing Service should not be a specialized service, but wherever possible should include all of the essential branches of public health nursing, including the care of the sick.

"To develop these policies, our plan of action was to interest Red Cross chapters in existing public health nursing agencies, and, where none existed, to encourage them to establish such a service in accordance with the State plan and with the intention of transferring the responsibility to the community just as soon as the community itself could be prepared to take it. After decentralization of the work to the Divisions, which involved the appointment of Division Directors of Public Health Nursing, instructions for these offices and for the chapters were prepared, and the distribution of information and literature to the general public.

"Our problems have been manifold. The first and perhaps the most difficult one was to work out plans of coöperation with the State Departments of Health and with the State Tuberculosis Associations. Definite working agreements, alike in no two cases, have now been effected in fifteen States, and many others are pending. We hope soon to develop an equally satisfactory plan with the State Tuberculosis Associations.

"A second problem confronting us was the securing of an adequate staff to carry on our work. Our only resources to meet the tremendous demand were the public health nurses returning from foreign service, the nurses then taking courses in public health nursing, and the few on city staffs who were sufficiently prepared and who were desirous of going on into independent service. On March 1, 1919, we had 99 nurses in field service for this Bureau; seven months later we had 316 nurses in our service. Many other nurses are preparing for positions, thanks to the Red Cross scholarship and loan funds, of which 254 National and 155 Chapter scholarships have been granted.

"Side by side with this work to maintain a high standard of public health nursing, we have also undertaken plans through which to help educate our Chapters, our nurses and the general public in the field of public health nursing. We now look to problems of equal importance and difficulty which arise in the future, but out of our year's work is emerging a structure which seems sufficiently substantial to give us assurance of real accomplishment and value."

Following the report given by Miss Fox, Harriette S. Douglas, Director, Bureau of Home Hygiene and Care of the Sick, outlined what is now being done in that department. "Our instruction," she stated, "is progressing by leaps and bounds all over the country. We

now have three authorized courses: First, the regular certified course of fifteen lessons which is taught by an enrolled Red Cross nurse instructor; second, the adapted course which allows a teacher of physiology, biology, domestic science or other especially qualified women to present the non-technical part of the course, a Red Cross nurse instructor presenting that which pertains to nursing procedure; third, the course, based on practical demonstrations and given by a nurse instructor, which is offered to women and girls most interested in practical phases of the instruction. This course is of particular value to foreign women who do not desire the examinations.

"From 1914 to November 1, 1919, 100,000 women and girls in all parts of the United States, and in many of our Insular possessions, have received this instruction in the basic principles of home-making. We now have 1,702 active instructors in the various divisions who are offering the courses; in any of its three forms, to almost every type of woman in this 'melting pot' of the United States—Polish, Slavic, Bohemian, Indian, Spanish, Italian, Swedish, etc., college girls, housewives, mothers, girl scouts, business women, and even some men, are taking the course. In a Georgia town the white women report that since their negro house-maids have been encouraged to take the instruction, there has been a wonderful improvement, not only in the way their food has been cooked and served, but also in household sanitation and hygiene."

Miss Douglas then outlined the plans of the Bureau for developing additional educational literature, charts, etc., and concluded by emphasizing the foundation for a better public health which is being laid in these courses.

The Red Cross text-book in Home Dietetics, which is now being revised so as to teach the principles of food values and proper nutrition in so simple a form as to be adaptable to the everyday needs of the household, will play a very material part in the health education of the Department of Nursing. "Although the Red Cross Bureau of Dietitians' Service will continue to act as a reserve for the Army, the Navy and the U. S. Public Health Service," stated Margaret Sawyer, the Director, "its main activity will be to turn its attention to the specialized problem of food as it relates to health, and to cooperate, in accordance with Red Cross policies, with the agencies already existing in this field. At the present time, the States Relation Service of the Department of Agriculture which operates in the field through Home Demonstration Agents, has been forced to reduce its personnel greatly because of the decrease in appropriations. It has been in the field for the past twenty years, and has been studying the problems of Extension, simultaneously equipping laboratories where splendid

research in Home Economics is being made, and literature developed. The Red Cross on the other hand has the highly efficient decentralized organization which enables it to reach out to the most distant little town and rural community; it also has about 2,400 Home Economics women enrolled in its Bureau of Dietitians' Service, many of whom are qualified to act as instructors in the prospective course in Home Dietetics.

"To effect coöperation with State Extension Service, the Red Cross is placing a Home Economics woman in each Division office as Director of the Bureau of Dietitian Service, whose professional training is similar to that of the State Leaders of Home Economics Extension in the various states. This Director will aim to coördinate the Red Cross work with that of the Extension Service, rather than to work independently as an isolated unit. Directors of this Bureau have now been placed in five divisions. Thus with active coöperation between the Department of Agriculture and the Red Cross at Washington, such as has been developed in preparing the new class outlines between the Division Directors of the Bureau of Dietetics and the Extension Directors of the States, and between the Home Demonstration Agents and the Red Cross instructors in Home Dietetics in the field, the Red Cross hopes to accomplish a very definite and valuable piece of educational work in the broad field of nutrition."

One of the most generally discussed subjects of the National Committee meeting centered about the return of the Red Cross capes issued to all nurses in military service. As has been stated before, these capes were only loaned to the nurses for the period of the war. Now report comes to National Headquarters that they are being worn with semi-uniform or civilian dress, and that they are being carelessly left here and there where any passer-by may take them and wear them to the discredit of the service they represent. These capes have become traditional with the highest ideals of *active Red Cross nursing service*, and for nurses who are now discharged to wear them in private and institutional duty, robs them of this fine sentimental value. The National Committee makes a last appeal to the honesty of American nurses to return these capes to the Director of the Department of Nursing in all Red Cross Divisions.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

ENGLISH DOINGS

The Nurses' Registration Act.—The British Health Minister, Dr. Addison, introduced the Government Bill for the state registration of nurses into the House of Commons, on November 6, last. We await with intense interest the concluding events in its course.

Three Cheers for Councillor Kent.—Quite the most refreshing bit of English news is that telling of the election of Beatrice Kent, as a municipal reform candidate in the borough of St. Pancras, London. Miss Kent, as many Americans know, is and has long been distinguished among English nurses for her splendid altruistic and civic spirit. A woman of independent means and fine culture, she has for some years devoted herself to unpaid labors in advancing her profession. As municipal councillor she will, we know, have a congenial and fruitful career. We owe this to "Votes for Women," and in that battle also Miss Kent was steadfast and true.

The Nurses' Trade Union.—This youngest child of the times made its appearance at a crowded and most successful, enthusiastic meeting in London in late October. An immense gathering of nurses was there, presided over by Miss MacCallum, a private duty nurse. The objects of the association were read by a legal adviser. These seem important enough to quote in full, in order to show the likeness to and the departure from, the older conventional societies.

(1) To promote and protect the profession of Trained Nurses. (2) To promote State Registration of all Trained Nurses. (3) To establish an Employment Agency and act as Agent for members. (4) To secure a minimum rate of remuneration and maximum working hours. (5) To provide benefits for members when totally incapacitated. (6) To regulate the relationships between Trained Nurses and Employers. (7) To secure unity of action by organization or otherwise, in order to maintain the position and status of Trained Nurses. (8) To abolish all abuses detrimental to their welfare and economic independence. (9) To promote industrial peace and progress by amicable means, but when difficulties arise to obtain an equitable settlement. (10) To accumulate from the contributions of the members funds adequate for the protection of their professional interests and provision of the benefits specified. (11) To provide legal assistance to members so far as the law allows. (12) To secure, or assist in

securing, legislation for the protection of the Association's interests. (13) To provide fire and other insurance and to make small loans to members for special training, as provided by the rules. (14) To provide clubs, hotels and residential flats for members at special rates. (15) To provide beds in hospitals, nursing homes and sanatoria for nurses. (16) To arrange for medical and dental advice. (17) To provide a sick and accident fund. (18) To provide (when the funds of the Association permit), a scheme for the establishment of annuities. (19) To take any lawful action the Council (as the Governing Body), may deem advisable to protect and advance the interests of the members of the Association.

The meeting gave rise to animated and interesting discussion of a most outspoken type, well punctuated by the free and fresh cries of "Shame"; "That's not true"; "We won't sign the serf clause"; "We'll starve first," etc., which make English meetings so much more interesting than any others. An important point was made by Isabel Macdonald, Secretary of the R. B. N. A., when she said:

As to the question of whether a trade union should or should not be formed, that was settled in March, 1916, for when the employers in any body of workers wish to form a trade union they form a Limited Liability Company. Such a company was formed in the profession, (The College of Nursing.—Ed.), and the natural sequence to it, sooner or later, is a trade union in the rank and file. The one is called forth by the other.

Nursing in Prisons.—The Royal British Nurses' Association, represented by Beatrice Kent (who has been a pioneer in urging the entrance of nurses into prisons), conducted a deputation to the Home Secretary last autumn, which had the result of getting five fully trained nurses placed on duty in Holloway Prison, to make the experiment of a long desired innovation,—the oversight and care of women prisoners by nurses. One gave her time to venereal cases; one to mental defectives; one to surgical cases; one to midwifery, and one to the skin cases. The experiment promises the most gratifying results, and will no doubt extend, as English nurses wish it to do, to preventive or health nursing among all prisoners. In how many years will our country follow this example?

Next Year's Meetings of the International Executive.—Two members, so far, of the Executive Committee of the International Council of Nurses have promised to come to Atlanta next spring. They are Charlotte Munck, of Copenhagen, representing the Danish Council of Nurses, and Margaret Breay, true and tried charter member and treasurer, representing the Council of Nurses of Great Britain and Ireland. The Executive Committee has only nine members. We hope to hear from more.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

Collaborators: Mrs. Helen C. LaMalle, R.N., and Mary A. MacKay, R.N.

AM I A PUBLIC HEALTH NURSE?

By C. Josephine Durkee, R.N.

A group of six nurses assembled for a committee meeting had completed the business of the hour and were enjoying some fragrant tea served by the hostess. One was a teacher of Red Cross Classes in Elementary Hygiene and Home Care of the Sick; one was superintendent of a visiting nurse association; another was staff nurse of the same association; another was employed by a board of health and from anti-tuberculosis funds. A hospital superintendent, and a nurse combining laboratory and dispensary work completed the personnel of the group.

The staff visiting nurse started the discussion with the above question regarding her status in public health work, adding, "Dr. So-and-so says none of our association nurses are public health nurses because our work does not pertain to the health of the public, but to the sickness of the individual. I replied that the board of health nurse is not a public health nurse because she does no nursing, but acts as errand boy and messenger for the health officer, and when there is any nursing to be done, she sends for the visiting nurse."

The hospital superintendent, being chairman of the group when in session as a committee, took up the question and called for a free discussion. Some one proposed that each give an account of her work, the leader to begin, and tell what she does, and why she is not a public health nurse.

The superintendent declared, laughingly, that whoever might not be a public health nurse, she certainly was one. Did not nurses and medical students learn under her administration to differentiate between health and sickness and the varying degrees of both; how to determine what was wrong, and how to right it, and when it was righted? Was not the sanitation of a large institution, the nutrition of its population, both sick and well, her concern? Who but she was charged with the welfare of the staff of nurses, clerks and employees? And could she ever escape the responsibility for the satisfactory administration of the multitudinous details pertaining to the health and welfare of the army of human beings who pass through her hospital doors, with everything from a scratch to death, to deal with? With

no social service department, was not the responsibility to create social service, hers? It was all a part of the administration of the institution. Though she began in jest, there was much earnestness in her statement that if she were not engaged in public health work it was very unfortunate for those who come to that hospital. She added, "Now that I come to consider the situation, the hospital superintendent is one of the most important members of the public health group."

"All very fine," said the visiting nurse, "but who comes here every morning and reports back the same day on people asking for free treatment, on the patient who has gone home before the doctor was willing to discharge him? Who sees that the hospital work is not all thrown away through perverseness on the part of the patient, or through misunderstanding? Who collects your laboratory specimens in the home? Who nursed back to life the small boy ill with pneumonia who was taken home by his father because he was sure the child was going to die? Who digs up your prenatal cases and provides you with a clinic? Who dressed that septic foot when the patient refused to stay in the hospital or come to the dispensary? Who but I and my sisters of the visiting nurse corps? No, no, Madam Superintendent, you may be Commanding Officer, but I am the executive in the public health rôle."

The Red Cross teacher of Hygiene and Home Nursing was told if she would try to be more modest in her claims than the two preceding speakers, she might have the floor. The Red Cross teacher said she understood the contention to be that the work of a public health nurse must be preventive. She was employed by the American Red Cross to teach. Her text book was the Red Cross text book on home nursing. She had 146 pupils in different classes then in progress; they represented the same number of homes; nobody was sick; some of the pupils were child nurses; some factory girls; two were brides; one had six children and two grand-children; many were school teachers. The distinct object of the instruction is to prevent sickness and to enable the pupils to know how to care for it when it exists. She said she had always considered herself a "plain nurse," but, in listening to the claims of the superintendent of the hospital and the staff visiting nurse, she was beginning to think that, after all, she might be one of the public health nurses.

The board of health nurse wanted the floor; so did the superintendent of the visiting nurse society; so did everybody. The white hairs of the superintendent of the visiting nurses won her priority.

She said that while the activities of a hospital superintendent cared for sanitation and nutrition in one large household, the activities

of the superintendent of a service like hers provided for sanitation and nutrition in homes where it could not possibly exist without trained women visitors who could gain the confidence of the people, secure supplementary funds to meet their needs, and teach them how to get better results from their income. She wished to go on record as being engaged not only in work pertaining to the health of the public, but also in a work which required the technical training of a nurse. She related a number of instances where she herself had responded to emergency calls, no one of the staff being available at the moment. While her association does not keep its office open at night, a nurse is sometimes needed for night service. The need is met when the association knows in advance that it is desired. The superintendent has a small suite of rooms adjacent to the office of the association, with a telephone installed in her bed room. During the several years' service from that office, the public appears to have learned that a night call is sure to be heard by the superintendent. Persons in difficulty who think that in a choice between police headquarters and visiting nurse headquarters the latter is preferable, sometimes present odd requests. She frequently gets calls for help in maternity cases where the doctor has not arrived, and the people feel some one must come quickly. She does not call the staff nurses for this work, as it is understood they are to be undisturbed at night. If it is an emergency call, the superintendent usually responds. On a number of occasions she has delivered the child and made the mother comfortable before the arrival of the physician. On others she has called an ambulance and has had the patient transferred to a hospital. Accidents in night shifts in factories, urgent appeals from doctors who send a car for her because it is life or death and they cannot wait, must receive prompt attention. Sometimes women arriving in the city at night, and failing to find the place or provision expected, use the association as a travellers' aid. It is necessary that the nurses should not only have the training of a nurse but know the machinery of the city available for social service, either by day or night.

The dispensary and laboratory nurse said it seemed to her that the whole question of whether one is or is not a public health nurse is a question of organization for an objective, and what that objective is. Not every man in an aviation corps is a bird-man, yet the bird-man would be unable to fly without his mechanician. The object of that organization is flight by men. Not every person in public health work can actually claim to prevent public sickness. That the sick in an epidemic be quarantined and cared for, that the mother and new-born baby receive the necessary ministrations, are fundamental in the promotion of public health. Humanity cannot rise above its physical

infirmities without the discovery and correction of physical defects and illness. Yet the object of the whole movement is the promotion of public health, a decrease in the percentage of physical disability in the community. Is it not happening, she asked, that organization in hospitals as well as in the field, in visiting nurse associations as well as in boards of health, is coming to take for its objective the prevention of disability, with a clear recognition that some of the technicians must treat disability, when existing, if humanity is ever to attain its objective? Are we not all as surely mobilizing for that result as were, during the war, the fighters, the munitions workers, the Red Cross bandage makers, and the man who, wearing no badge of the service visible to others, trailed the enemy through secret service until proof was had of his perfidy?

The board of health and tuberculosis nurse had been fumbling through the book case for some moments. She finally produced a dictionary and when the others paused in the conversation she read, "Nurse, one who suckles, nourishes;—one who fosters, promotes the development or growth of;—one who cares for the sick." She defended her title to nurse on the basis that she fosters health and promotes the development of health in the community in the same way that a good mother guards and promotes the health of her children. She is the only nurse doing public health work in the village where she is employed. She would tell of her work during the preceding week. A child absent from school had been seen by a physician who had diagnosed the case as scarlet fever. It developed that one of the neighbors had a child ill with the same symptoms but no physician had been called. The health officer saw the child and made a diagnosis of scarlet fever. He instructed the nurse to go and get the history of all contacts in the homes, or in public places, with dates, and to follow up her trails. In the process of the work she inspected all the class rooms in both schools, examined all suspicious cases, learned of any sickness in the homes, made visits of investigation to thirty homes, and reported to the family physician or the health officer the cases that should be seen by a physician but were without medical attendance, with the result that two more families were quarantined. She showed the teachers how to make the morning inspection for exclusion of suspects, she personally saw all these suspected cases, and called to the attention of the physician any who should be seen by the doctor; she daily visited the quarantined homes to make sure the mothers were following instructions and that their needs were being properly cared for. No new cases had developed. This work had required all of her time, as distances were considerable, and there was no public means of transportation in her village. She said that, while epidemic work

is a small part of her usual duties, the actual work in which she was engaged involved much the same sort of management and knowledge of symptoms of variation from the normal. She does no bedside nursing, though she often teaches others how to do things. She said the radical difference between her work under the board of health and in the visiting nurse service, of which she was formerly a member, is that if there is a bath or an enema to be given, she makes the administration of the treatment a lesson to somebody else. It takes a little more time, but usually one lesson is sufficient. If not, she tries to make the second treatment a demonstration on the part of her pupil of the first lesson. She will go and observe the mother or the daughter prepare and administer a treatment a number of times, if it is necessary, but she tries to have people learn to rely on themselves after a lesson or two. She said the situation requiring the most tact was with one physician who was disposed to call upon her for repeated unnecessary visits to his private patients to do things which people were perfectly well able to do for themselves, or, if necessary, to employ a nurse. When asked how she met the situation she replied, "That is my secret; I dare not tell, but it works thus far without a wrinkle."

As the nurses rose to depart, the visiting nurse said, "I no longer mind what Dr. So-and-so said. We cannot spare each other."

The Tuberculosis Commission has helped organize three courses in public health nursing in Italy, one in Rome, another in Genoa, and the latest in Florence. Rome and Genoa are both busy with their second courses; the first course in Florence was opened in November. There have been nine American nurses in Italy with Miss Foley who have tried to organize the work so that it can go on when the American nurses are withdrawn, about January 1st.

Dr. Beard's splendid paper, *The University Education of the Nurse*, which was read at the meeting of our National Nursing Organizations in Minneapolis, in 1919, has been republished in pamphlet form by the Committee on Education of the National League, and may be secured through Miss Stewart at Teachers College, New York, at a cost of ten cents. Although prepared some time ago, this paper is still the most thoughtful contribution we have on this subject, and it is believed that many will wish to secure copies for themselves and for wider distribution.

The pamphlet, *Opportunities in the Field of Nursing*, is being revised and brought up to date. It will also be handled by the Committee on Education. A number of these pamphlets (*Opportunities*) which were published for distribution during the war by the Committee on Nursing of the Council of National Defense, may be secured for the very small cost of handling and transportation. For further information write to the Nursing and Health Department, Teachers College, Columbia University, New York.

A tabulated outline of the History of Nursing from the first to the twentieth century may also be secured from the same address at a cost of 15 cents each, (including the cost of mailing).

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

A SYSTEM FOR RECORDING ILLNESSES OF PUPIL NURSES

The following record system has been installed in two training schools; it is intended to give an accurate picture of the health of the student during her entire course of training, also of the daily condition of the school, number off duty, at special clinics, weight, etc.

When a student reports to the infirmary or, in a smaller school, to the training school office, as ill, a slip resembling that labelled No. 1, in the accompanying illustration, is made out for her. These slips come in block form and a piece of carbon paper is placed between two of the sheets, thus making a duplicate. One slip is left on the principal's desk and the other is placed in a box containing the following sections: Casuals, Admitted, Under Treatment Off Duty, Under Treatment On Duty, Discharged. The slip is placed in the compartment marked "Casuals," unless the student's condition is such that she is to be admitted to the infirmary before the doctor has seen her, in which case the slip is placed in the compartment, "Admitted." All slips placed under "Casuals," remain there until the doctor has seen the student and made a decision regarding her treatment. The slip is then placed under one of the other sections, having been properly filled out. In this way information is always available regarding the number of nurses admitted to the hospital or infirmary, how many are going to special clinics, what the conditions are, and how many are off duty but not admitted. At the end of the month a summary may be made of the health conditions of the school. The slips for admission and for special clinics are then destroyed as they have been supplanted by the permanent clinic and disease cards. The slips for casuals, however, are filed in another box, alphabetically, and may be referred to in case of any complication arising. In this manner one has complete data for every nurse who has had any complaint during her course.

No 2, Disease Card, is a permanent card, made out from the complaint slip, one for each student admitted as ill. These are filed alphabetically and all notations are made under the headings indicated on the card. If the student is re-admitted to the infirmary, from time to time, the same card is used and at the end of the course, the information is transferred to the permanent health record. This

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card is very valuable to the physician in charge, as all data regarding the previous illnesses of each nurse are there for immediate reference.

No. 3. If the student does not need to be admitted to the hospital, but is referred to a specialist, card No. 3 is made out from the complaint slip and the student calls for this on her way to the clinic. The physician records what treatment she has received and what her condition is. The card is then returned to the training school office or infirmary for reference for the physician in charge of sick nurses and the principal of the school. This card is also used by students who have been discharged as patients, but who need care at regular intervals, perhaps for a complication of the primary disease.

No. 4. The weight card is made out for the three years. The student weighs herself each month and records the result at a central place, stating whether she is on day or night duty, and the service. If there is a loss of more than three or four pounds in any one month, or if there is a gradual decrease over a longer period, the student is asked to report, is referred to a physician, and the cause of the loss is located and corrected before she gets into a run down condition. We feel that this is a precautionary measure which, if properly carried out, will keep many nurses on duty who would otherwise report off, ill. It also provides an opportunity for making comparisons between the effect of day and night duty and of the special services.

No. 5, Infirmary Chart. This chart is used for nurses who remain in the infirmary or hospital for a short time, as for tonsils or other minor operations. It summarizes the condition and treatment, is easy to file alphabetically, and eliminates the use of the ward chart with its many sheets.

No. 6. The Daily Report Sheet is used for the nurses in schools where there are large numbers of students, with many reporting to the infirmary for treatment. One side is used for nurses who are admitted to the infirmary and the other for the casuals and those referred to clinics. One sheet is used for twenty-four hours, the day nurses' report being recorded in black ink and the night nurses' in red. The sheets are kept in a loose leaf, clamp back, note book and are destroyed each month.

Training schools, like other institutions, must come to realize that detailed facts are as necessary as in any line of commercial activity and that, sooner or later, we shall be required to give an accounting, not by general conclusions, but by definite figures, of just what we are doing and how we are doing it. This system requires very little extra time if kept up to date each day, and one person should be held responsible for it.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

SMALLPOX.—It is cheering to note that the ravages of smallpox have greatly declined during the last hundred years. In 1802 a speaker in the British Parliament stated that 45,000 persons died annually of this disease in the United Kingdom alone. Lord Macaulay gave a graphic description of its terrors. In the United States in 1702 14.4 per cent of the population fell victims to it. In 1721 nearly 6,000 out of the 11,000 who then formed the population of Boston contracted the disease and 840 died of it.

LIQUID PETROLEUM.—This oil is in common use as a cathartic, or more properly a laxative, so that some suggestions made by a writer in the *Journal of the American Medical Association* for giving it a distinctive flavor are of interest. For 500 c.c. of oil, 10 drops of anethol (the chief constituent of anise and fennel), 15 drops of oil of almond, 10 drops of oil of cloves, 5 drops of oil of cinnamon, 15 drops of oil of peppermint or spearmint, and 25 drops of methyl salicylate, wintergreen, may be used. He also recommended the oil combination used in flavoring aromatic elixir.

CALORIC VALUE OF DAINTIES.—In an editorial in the same journal, attention is called to the number of calories furnished by food eaten as a mere pastime. A single caramel, a nougatine, or a penny's worth of candy may furnish sufficient energy to supply the extra heat needed for walking a mile or more. Three medium sized olives can yield the amount of heat liberated in a half mile walk. The energy expended in climbing from the bottom to the top of Washington Monument may be completely replaced by the consumption of less than half a doughnut, six walnuts, five large olives or four pretzels. It is deducted that a constitutional walk is futile to combat the accumulating energy from undue eating between meals.

TUBERCULOSIS.—During a discussion at a meeting of the Delaware State Medical Society, it was said that a few simple things in the early diagnosis of tuberculosis are the slight rise of temperature in the evening, the increased pulse rate, and the stomach disturbances. When a child is suffering from malnutrition, has a slight fever, and is otherwise below par, the chances are 6 to 4 that tuberculosis is the cause. Rest in proportion to the severity and duration of the symptoms is the only specific treatment.

POISON IVY.—A physician states that if persons sensitive to

poison ivy and poison oak would wash the skin that has been exposed, with alcohol or gasoline, within an hour after exposure, they would escape the usual eruption.

TYPHUS IN SERBIA.—The *Journal of the American Medical Association* says the five-year campaign which American Red Cross physicians and nurses have been waging against typhus fever in Serbia has ended victoriously. The Serbian Commission states that there are only 65 cases in the country, two-thirds of these being in Belgrade. During 1915, 150,000 children died, out of a population of three million. 150 physicians died, so that there was left only one doctor to each 75,000 persons.

EFFECT OF DIET ON SECOND TEETH.—A writer in the *Pennsylvania Medical Journal* advises giving children food that will require chewing, as soon as the first teeth are through. Dry crusts of bread, toast, the coarser cereals, meat, and meat bones are mentioned. Later, green salad leaves, cooked celery, spinach, peas, cauliflower tops, asparagus tips, string beans and apples may be added.

EXCESS OF PROTEIN AND BRIGHT'S DISEASE.—A series of experiments on the effect of a high protein diet is reported in *Archives of Internal Medicine*. Rabbits fed on the whites of several eggs daily developed acute and subacute nephritis. When casein was given, 15gm. daily produced no ill effect, but when it was increased to 30gm. and the nitrogen metabolism was about three times normal, the kidneys were affected. Rabbits fed on soy beans for months had chronic nephritis and often died of it.

METHOD OF MARKING THE SKIN.—A correspondent of the *Journal of the American Medical Association* suggests that when it is necessary to make an outline on the skin, an easy method is to moisten the surface with water from a cotton sponge and then use an ordinary copying pencil. If the surface is to be kept sterile, the point of the pencil can be dipped in a concentrated solution of mercuric chloride. The mark is easily removed with soap and water, and can be photographed, but not very distinctly.

THE INDUSTRIAL NURSE.—It is said that the first instance of the employment of an industrial nurse was when the Vermont Marble Company engaged a nurse, in 1895, to visit the homes and care for the sick among the workers and their families.

THE DISCOVERER OF RADIUM.—Mme. Curie has returned to Warsaw, her native city, to occupy the chair of radiology in the university there.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

CHICKENS

Dear Editor: I would like to communicate with some nurses who are interested in chicken ranches.

Illinois

AN I. T. S.—R. N.

THE NURSE ANESTHETIST

Dear Editor: After completing a three years' course in nursing, I took a course in general anesthesia at the Illinois College of Medicine and Surgery, but inasmuch as I preferred specializing in nitrous oxide oxygen anesthesia, I took a special course with Dr. I. E. McKesson, in Toledo, Ohio, the originator of the McKesson Nitrous Oxide Apparatus. Dr. Isabelle Herb, anesthetist at the Presbyterian Hospital, Chicago, gave courses in anesthetics at \$100.00 a month. I have been anesthetizer for a surgeon, and also at a hospital. I prefer hospital work. There were three anesthetists at this hospital and the work was arranged in accordance with our wishes. One reason why hospital work is preferable is that the hours are regular. When employed by a surgeon, one is interrupted, regardless of time, and is obliged to respond. I was called for all obstetrical cases, which involved considerable night work. About eighteen months ago I joined the army, serving six months at a camp in the United States, after which I was transferred to an evacuation hospital in France. Although the work at this hospital was very strenuous, I derived more satisfaction from it than from anything I had attempted before, for I felt that I was helping my country and relieving the suffering of our dear boys.

Kentucky

E. T. C.

PRIVATE DUTY NURSING

Dear Editor: The articles in the JOURNAL on Private Duty Nursing have been extremely interesting and encouraging to me, a private duty nurse. I feel very strongly that in these days of the after effects of the war,—the returning soldier, the church, and the thoughtful public are attempting one of the most difficult tasks, a reawakening, a real religion, a reconsecration to the common tasks, and a higher, deeper, wider sense of coöperation with one's fellow workers. On behalf of a class of women who have to face the circumstances of private life very intimately, who have to cope with them during abnormal and disturbing conditions, I would clasp the hands of those who feel and speak of this great need, for there is certainly no quality so needed for the moral support of the family and for the advancement of Christian civilization, to say nothing of the encouragement of the nursing service, as the spirit of sincere fellowship between employer and employee.

Massachusetts

E. K.

A MODERN HOSPITAL IN PORTO RICO

Dear Editor: St. Luke's Hospital in Ponce is a mission hospital under the Episcopal Board, with accommodations for sixty-five patients. Some of the buildings are only a year old. It suffered great damage during the earthquake of October, 1918. The operating room is a separate building, connected with the

hospital proper by a runway. It is light, with six windows, a tiled floor, sterilizing and dressing rooms. The main building is two stories high with balconies running all the way round on each floor. Down stairs are offices, waiting room, clinic, dining room, and the private ward. Up stairs are single and double private rooms. The public ward is a story and a half building, for both men and women. Some of the ward patients pay \$1.50 a day, but many are free patients. A large number of accident cases are received from the sugar centrals. We have also a good deal of malaria and typhoid fever. Most of the people are Spanish-speaking, but some speak English. There are fourteen Porto Rican pupil nurses; we should like eight more, as we are all very busy when the hospital is filled. Nearly all of the nurses speak English and they are taught in English. They enter the training younger than in the hospitals at home. The doctors are Porto Rican, but most are graduates of medical schools in the United States. I have been here since June, as instructor of nurses. I am also in charge of the public wards. I teach three classes each day except Saturday and Sunday. A graduate of the Presbyterian Hospital at San Juan, which is also a mission hospital, has charge of the private rooms and helps with the practical instruction. One doctor lectures on obstetrics, but irregularly. We need a nurse to take full charge of the operating room, and one for instruction, also a night supervisor. The hospital is on a high hill, with a constant breeze, and with a wonderful view of the beautiful country and of the broad expanse of sea. Ponce is very Spanish in every way, for there are few Americans. San Juan has auto trucks and electric cars. This country is a perfect wonderland and has a fine climate, the thermometer standing at 80 most of the time, with slight variations.

Porto Rico

K. I. W.

CARE FOR DISABLED ARMY NURSES

Dear Editor: The Public Health Service is preparing to give hospital treatment to the nurses discharged from the military service and eligible for such treatment under the Bureau of War Risk Insurance. It is known that about 400 nurses returned from France for physical disability to the port of New York alone. This does not include any of the nurses returning to any of the other ports or those released from service for physical disability in this country. Apparently the nurses have no knowledge of the fact that they are eligible for treatment and that this treatment has been provided for in the Act of March 3, 1919, which authorizes the Public Health Service to care for such patients as were designated to it by the Bureau of War Risk Insurance. Recently an arrangement has been made with the authorities of the Stony Wold Sanitarium of New York whereby a limited number of nurses with tuberculosis may be cared for. The offer of the place for these nurses by the Stony Wold Sanitarium was most timely and is greatly appreciated. In the near future a station is to be opened at Markleton, Pa., and twenty beds will immediately be available for nurses suffering from tuberculosis. Those nurses needing hospital treatment other than tuberculosis will be sent to Perryville, Md., where the service has available a number of six-room houses which have recently been prepared for patients. Each one of these units has a bath and sitting room; the nurses who are ambulant and able to do so, will be allowed to go to the club to the general nurses' mess, thus avoiding as far as possible the hospital atmosphere. Nurses from far western states will have provision made for their care in private institutions as near to their homes as possible. Information as to the method of procedure in obtaining this care and treatment should be obtained either from the Red Cross Bureau of

Information or from the Division Directors of Nursing in the division from which the applicant was enrolled. Division directors will confer with the medical officers in charge of the Districts for the Public Health Service and the Bureau of War Risk Insurance and arrange with them for the care and treatment of the various applicants. It is possible that later a hospital may be provided, exclusively for nurses, should it be found that there is a sufficient number of applicants for hospital treatment to warrant such a procedure.

LUCY MINNIGERODE,

Superintendent, Nurse Corps, U. S. P. H. S.

HEALTH INSURANCE

Dear Editor: Referring to an editorial entitled "Health Insurance and the Coming Legislation," which appeared in the November issue of your JOURNAL, I wish to say, as a nurse who has made a special study of the subject of Compulsory Health Insurance, that in my opinion this is a plan for State administration of sickness insurance covering only a portion of wage-earners, thus introducing class legislation. The greatest danger in this bill is not apparent on its surface. It lays the foundation stone for all sorts of disorder and disorganization of home and social life. A comparison of results obtained in this country and of those in compulsory health insurance countries seems to show very conclusively that public health education measures and the extension of hospitals and clinics on the standard American plan afford a much better means of bringing about better health conditions. Compulsory health insurance will not meet the needs of the time. According to the Davenport Bill, the people most needing help, namely, the unemployed, the widow, the orphans, the domestic servant, the farm laborer, also those employed in places where there are less than eight would be exempted. City health conditions are by far better than those of the rural districts. Therefore, the conservation of health in the rural districts is apparently more needed than that of the city. However, farm laborers are not provided for in these bills. The sanitary progress of the United States during the past century far exceeds that of any of the health insurance countries. The American medical, surgical and nursing professions are such as to call forth the respect and admiration of those qualified to judge the results. No European country under social insurance has provided in a more satisfactory manner for the treatment of disease than has the United States, nor has any European country under social insurance developed such an admirable public health nursing system. Through associated and public charities a vast amount of necessary service is rendered in the least trying and offensive manner to those in need of poor relief. These evidences of real progress are deliberately ignored by those who would substitute compulsion for voluntary effort, and encourage a tendency toward idleness and exaggeration of minor ills, and the weakening of self-reliant habits, on which the happiness of society so largely depends. At the same time the government expenses will be increased and more burdens thrown upon industry. It is, therefore, misleading to assert that a more effective and far-reaching public health education can be secured through compulsory health insurance. No country in the world has done more in this direction than the United States. In its final analysis the problem for compulsory health insurance resolves itself into fundamental questions of taxation and government control of the individual. By avoiding the expense of a largely unnecessary compulsory health insurance organization, the funds required for such could be utilized to the direct advantage of all the people, for better education in the principles of personal and public hygiene, intelligent instruction in food values

and nutrition, and other means toward the attainment of ends and purposes asserted to be attained, if at all, through compulsory health insurance.

New York

M. D.

APPRECIATION OF THE INTERSTATE SECRETARY

I

Dear Editor: The Directors of District No. 5 of the California State Nurses' Association (Los Angeles Co.) have requested me to write you of their appreciation of the work of the Interstate Secretary. Miss Eldredge spent the second week of November in Los Angeles, addressing District No. 5 and the ten Alumnae Associations having membership in the District, and the student nurses of most of the hospitals of Los Angeles and Pasadena. The Directors feel that Miss Eldredge's visit has been of great value to the nurses of this community. It has created greater interest in the AMERICAN JOURNAL OF NURSING; it has familiarized the nurses with the history of the League and of the American Nurses' Association and with their aims, and it has given each one of us a feeling of closer relationship with our national organizations. Thanking the JOURNAL for its part in making Miss Eldredge's visit possible.

California

SECRETARY, DIST. NO. 5.

II

Dear Editor: After a very harmonious meeting at which our State Nurses' Association was formed in Tucson, Miss Eldredge came to Douglas. On December 5, she spoke to our High School body, both boys and girls. Somewhat to my surprise the boys were as much interested—if not more—than the girls. In the afternoon Miss Eldredge spoke to a small group of representative citizens, who were greatly interested. In the evening our County Association was addressed. It was indeed a pleasure and a help to have Miss Eldredge here, as very few of our nurses have kept informed as to what is happening in the nursing profession. I feel sure that we will all have a more whole-hearted interest in our work as a result of her having been among us.

Arizona

L. K. S.

TWELVE-HOUR PRIVATE DUTY SERVICE

Dear Editor: After seven months' trial at Grace Hospital, Detroit, twelve-hour duty has proved a distinct success. It is more than satisfactory, both to the patient, bringing better service; and to the nurse, allowing her sufficient and regular rest, resulting in better work. A little friction was experienced at first, until the patients understood that nurses require rest. We are now able to attend church, concerts and lectures without falling asleep, and are able, to a limited extent, to develop the social side of our natures. We certainly feel that it is a long step towards a better future for our work, as well as ourselves. We also feel that the previous long hours of duty, to say nothing of the strenuous work involved, has done much in the depletion of applicants for training schools. When it is convenient for patients, we take two hours off during the twelve-hour duty, which helps us to perform our duties with greater zest.

Michigan

Z. L. I.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE BIENNIAL CONVENTION of the American Nurses' Association will be held at Atlanta, Georgia, April 12-17, 1919. The National League of Nursing Education and the National Organization for Public Health Nursing will hold their conventions at the same time and place. The Piedmont Hotel will be headquarters; the meetings will be held in the Tabernacle. A non-commercial exhibit of nursing records, charts, and appliances will be held in connection with these meetings. Nurses all over the country are urged to prepare for this exhibit anything which would be a help to others. The chairman of the Exhibit Committee is Mrs. Eva S. Tupman, Georgia Baptist Hospital, Atlanta. All articles intended for the exhibit should be sent to her, charges prepaid, accompanied by clear directions. The sender should indicate whether such contributions are to be returned after the convention.

THE NATIONAL LEAGUE OF NURSING EDUCATION wishes to obtain the addresses of the following members. Send to the secretary, Laura R. Logan, Cincinnati General Hospital, Cincinnati, O. Gladys M. Bayne, Margaret E. Belyea, Francis M. Branley, Nellie Burlingame, Christina L. Burns, Myrtle Dean, Delia G. Dowling, Martha Eakins, Mary L. Francis, Amelia A. Hall, Daisy C. Larimore, Lucile Mast, Augusta C. Olson, Etta L. Robbins, Mae C. Rodger, Frances Shouse, Katherine J. Steele, Katherine Weber, Mrs. Frances A. Worrall, Grace E. Young.

THE NURSES' RELIEF FUND, REPORT FOR NOVEMBER, 1919

Receipts

Previously acknowledged	\$3,227.70
Interest on bonds	65.00
Fifth District of Illinois State Nurses' Association	10.00
Esther Dart—Chairman Massachusetts State Committee, Essex County —Zaidee Moore, Chairman	35.00
Jessica S. Heal, Rochester, N. Y.	5.00
Mrs. Jennette S. Peterson, Chairman California State Committee	79.00
Individual contributions, Manhattan State Hospital, New York City....	24.00
Mrs. Anne Howe, \$5; Mrs. Kate Henry, \$2; Anna Maney, Mary J. Brennan, Mrs. Elsa R. Burrall, Jennie I. Baxter, Kitty Holohan, Belinda A. Wright, Marie C. Hanley, Anna V. Horan, Nora O'Connor, Mary A. McMahon, Elizabeth Mary Bryan, Mary Flynn, M. McFarrell, Catherine McMorrow, Ellen Hughes, Anastasia Brennan, Nellie J. O'Connor, \$1 each.	
A Public Health Nurse	12.50
Elizabeth Weber, Rochester, N. Y.	1.00
Boston City Hospital Alumnae Association, Massachusetts	100.00
Elizabeth Pierson, Chairman New Jersey State Committee, Hackensack Hospital Alumnae	40.00
Elvena A. Baumann, Englewood, N. J.	1.00
Interest on Liberty Bonds	20.00
Claudia Jones, Lima, Ohio	1.00
Augusta Eleanor Mettel, Crystal Falls, Mich.	4.00
District Number 1, Buffalo, N. Y., Mrs. Gertrude E. Percival, Chairman; Mrs. Milton Stewart, graduate Buffalo Homeopathic Hospital.	200.00

Grace Peck, Miss W. Stauch, Mrs. Gertrude E. Percival, Buffalo, N. Y.,

\$1 each	3.00
St. Vincent's Hospital Alumnae Association, Toledo, Ohio.....	10.64
Edna W. Gorton, Rochester, N. Y.....	1.00
Ohio State Association of Graduate Nurses.....	10.00
St. Vincent's Hospital Alumnae, Jacksonville, Fla.....	3.00

\$3,852.84*Disbursements*

Application approved, No. 2, 47th payment.....	\$10.00
Application approved, No. 5, 34th payment.....	20.00
Application approved, No. 6, 43rd payment.....	10.00
Application approved, No. 7, 37th payment.....	15.00
Application approved, No. 11, 34th payment.....	15.00
Application approved, No. 14, 21st payment.....	15.00
Application approved, No. 15, 17th payment.....	15.00
Application approved, No. 18, 7th payment.....	20.00
Application approved, No. 20, 3rd payment.....	15.00
Application approved, No. 21, 3rd payment.....	15.00
Elizabeth E. Golding, Chairman, postage and stationery.....	15.00
Exchange on cheques, Farmers Loan & Trust Co.....	.10 165.10

\$3,687.74

13 Bonds	\$13,000.00
2 Certificates of stock	2,000.00
8 Liberty Bonds	8,000.00
1 Liberty Bond	100.00

\$26,787.74

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, Treasurer.

**MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL,
BORDEAUX, FRANCE**

(Contributions received up to December 16, 1919)

Previously acknowledged	\$454.50
Association of Graduate Nurses, Freeport, Ill.....	10.00
St. Mary's Special Nurses, Rochester, Minn.....	50.00
Florence M. Jamieson, New York City.....	1.00
Mary W. Gateley	3.00
E. W. Leland	2.00
Grace Hospital Nurses, Kansas City, Mo.....	10.00
Margaret A. Rogers, Detroit, Mich.	5.00
Edna W. Gorton and Ida J. Anderson, Rochester, N. Y.....	2.00
Mary R. Harold, Irvington, N. J.	2.00
Maeve Hospital Alumnae Association, Albert Lea, Minn.....	12.00

Alumnae Association, Charity Hospital, Norristown, Pa.....	30.00
Katherine G. Taylor and Alumnae, Taylor Hospital, Ridley Park, Pa.....	10.00
Nurses of Demobilization Station, Camp Merritt, N. J.....	9.92
Ines Donaldson, U. S. Navy Yard Dispensary, Philadelphia.....	1.00
Alumnae, Jewish Hospital, Cincinnati.....	25.00
Nurses, Camp Hospital, Camp Custer, Mich.....	7.00
Sarah C. Irwin, Mercersburg Academy, Mercersburg, Pa.....	5.00
Army Nurses, Columbus Barracks, Ohio.....	9.00
Adda Eldredge, Rochester, N. Y.....	10.00
Lucy M. Moore, Knickerbocker Hospital, New York.....	5.00
Nurses, East Bay Sanatorium, Oakland, Cal.....	7.00
Nurses, Hotel Dieu, Beaumont, Texas.....	25.00
Nurses, Post Hospital, West Point, N. Y.....	13.00
Ten Nurses, Mitchel Field, Long Island.....	25.00
Alumnae and Students, Homoeopathic Training School, Ann Arbor.....	31.25
Bertha M. Eaton and Mrs. C. D. Lockwood, Pasadena, Calif.....	12.50
Lavinia Fuller and Mary D. Conoley, Orlando, Fla.....	10.00
Members of District No. 8, Saranac Lake, N. Y.....	32.00
Nurses, Army and Navy General Hospital, Hot Springs, Ark.....	12.00
Ethel Grace Mansfield, Denver, Colo.....	5.00
Nurses, Edison Lamp Works, Harrison, N. J.....	25.00
Nurses and doctors, Dispensary, U. S. Navy Yard, Norfolk, Va.....	7.00
M. J. Murphy, St. Catherine's, Ontario, Canada.....	25.00
The Nurses' Club of Hudson County, Jersey City, N. J.....	50.00
Secretary of Stetson Hospital Alumnae, Philadelphia.....	20.00
Directors and Assistants of Red Cross Divisions.....	140.00
Brooklyn Hospital Alumnae, Brooklyn, N. Y.....	57.50
Pupil Nurses, Milwaukee County Hospital, Wauwatosa, Wis.....	30.00
Eight Nurses, Camp Knox, Stithton, Ky.....	18.00
Nurses of LaCrosse, Wis.....	15.50
Nurses of Milwaukee, Wis.....	53.00
Members, Florence Nightingale Club and Bethesda Hospital Alumnae, Cincinnati.....	67.00
Graduate nurses and the training school, Elkhart, Ind.....	30.00
Warren General Hospital Alumnae, Warren, Pa.....	26.00
The Immanuel Alumnae, Mankato, Minn.....	25.00
Nurses and their friends, Wilson, N. C.....	25.00
Eleanor B. Brown, Newark, N. J.....	10.00
Office staff, Army Nurse Corps, Surgeon General's office.....	57.00
Nurses, Army Nurse Corps, Camp Eustis, Va.....	21.00
Four nurses and one doctor, City Hospital, Fall River, Mass.....	5.00
Abbott Hospital Alumnae Association, Minneapolis, Minn.....	40.00
Nurses and two friends, hospital at Faribault, Minn.....	6.50
St. Alexis Training School, Sister M. Boniface, Mary A. Lane, Bismarck, N. D.....	11.50
Alumnae, Oil City Hospital, Oil City, Pa.....	10.00
Christ Hospital Alumnae, Jersey City, N. J.....	25.00
Mrs. Clara E. Walch (In memory of her daughter, Caroline Rose Walch)	5.00
Brooklyn State Hospital Alumnae, Brooklyn, N. Y.....	25.00
G. Berkowitz, New York.....	1.00
Cleveland City Hospital School for Nurses, Cleveland, O.....	25.00

Pupils and staff nurses, Middlesex Hospital, Middletown, Conn.	10.10
Fourteen nurses, Camp Pike, Ark.	18.75
Five nurses, Post Hospital, Rockwell Field, San Diego	9.00
Seven nurses, Camp Kearney, Calif.	30.00
Mother of Helen M. Sargent, a dear daughter who gave her life.	5.00
Five nurses, Naval Hospital, Gulfport, Miss.	10.00
Four nurses, Camp A. A. Humphreys, Va.	20.00
Nurses of Ohio	10.00
Superintendent, nurses and alumnae, Meadville City Hospital, Pa.	54.00
Nurses, dietitians, and aides, General Hospital, 31, Carlisle, Pa.	141.00
University Homeopathic Hospital nursing staff and nurses, Columbus.	16.50
Students and alumnae, Huron Road Hospital, Cleveland, O.	175.00
Jewish Hospital Alumnae, St. Louis, Mo.	25.00
Seton Hospital Training School, Cincinnati	25.00
Wisconsin State League of Nursing Education	10.00
Luther Hospital and two nurses, Eau Claire, Wis.	14.00
Two nurses, Milwaukee, Wis.	7.00
Nurses and pupils, Theda Clark Memorial Hospital, Neenah, Wis.	25.00
Sixth District Nurses' Association, Neenah, Wis.	25.00
Pittsburgh Hospital Alumnae, Pa.	25.00
Training school and graduates, Waterbury Hospital, Conn.	20.00
St. Mary's Free Hospital Alumnae, New York	15.00
Woman's Southern Homeopathic nurses and alumnae, Philadelphia	25.00
Fairview Park Hospital Alumnae, Cleveland, O.	25.00
Lima Hospital Alumnae and Training School, Lima, O.	17.00
Nurses, Camp Grant, Ill.	29.00
Passavant Hospital Training School, Pittsburgh, Pa.	5.00
Alumnae of St. John's Hospital, Red Wing, Minn.	5.00
Nurses at Navy Hospital, Charleston, S. C.	15.10
Graduates of Wilkes Barre City Hospital, Pa.	11.00
Danvers State Hospital Alumnae, Hathorne, Mass.	10.00
Mounds Park Hospital Alumnae, St. Paul, Minn.	40.00
St. Vincent's Training School, New York	100.00
St. Olaf Hospital Alumnae, Austin, Minn.	16.00
Nurses in Exeter, N. H.	6.00
The Brooklyn Hospital Training School, N. Y.	21.50
Laura A. Conley, Cleveland, O.	5.00
Superintendent and nurses, Salem Hospital, Mass.	20.00
Eight nurses, Aberdeen Proving Grounds, Md.	33.00
Meriden Hospital Training School, Meriden, Conn.	18.00
Yellowstone County Nurses' Association, Billings, Mont.	35.00
Cascade County Nurses' Association, Grant Falls, Mont.	25.00
Retena J. Byrne, Ardonia, N. Y.	5.00
Eight nurses, Kankakee State Hospital, Ill.	9.00
Pupils, Sacred Heart Hospital, Eau Claire, Wis.	6.00
Two welfare nurses, Y. S. & T. Co., Youngstown, O.	2.00
Student nurses, Children's Free Hospital, Detroit, Mich.	15.75
Mr. and Mrs. H. N. Turner, Santa Cruz, Calif.	5.00
Superintendent and alumnae of City Hospital, Springfield, O.	30.00
Nurses, Red Cross worker, officers, enlisted men, Camp Sherman, O.	42.00
Alumnae Association of Dr. W. B. Fletcher's Sanatorium, Indianapolis.	60.00

Graduates and students, Mt. Sinai Hospital, Cleveland, O.	151.00
Alumnae, Hospital of St. Raphael, New Haven, Conn.	15.00
Graduates and pupils, Weld County Training School, Greeley, Colo.	41.50
Chicago Polyclinic Alumnae, Chicago	49.00
Nurses, U. S. Naval Hospital, Hampton Roads, Va.	26.00
Sophia F. Palmer, Rochester, N. Y.	5.00
Five nurses, General Electric Company, Harrison, N. J.	5.00
Nurses, Lockwood Hospital, Petoskey, Mich.	6.00
Nurses, Fairview Hospital, Minneapolis	18.00
Allegheny General Hospital Alumnae, Pittsburgh	100.00
Superintendent and pupils, East 55th Street Hospital, Cleveland	20.00
Alumnae, students, and Board, Lakeside Hospital, Cleveland	1,022.00
Nurses, Camp Hospital, Camp Upton, Long Island	50.00
Nurses, St. Elizabeth's Hospital, Youngstown, O.	41.00
Nurses, Ashtabula General Hospital, Ashtabula, O.	20.00
Nurses, Grace Hospital, Conneaut, O.	10.00
Nurses and Staff, The Christ Hospital, Cincinnati, O.	61.10
Army Nurses, Camp Devens, Mass.	10.00
Nurses, State Infirmary, Tewksbury, Mass.	37.00
Lancaster General Hospital Alumnae Assn., E. Petersburg, Pa.	10.00
Germantown Dispensary and Hospital Alumnae Assn.	50.00
Nurses, Nurses' Rest Home, Riverdale-on-Hudson, N. Y.	26.00
Nurses, Post Hospital, Fort Monroe, Va.	12.50
Nurses' Alumnae, Union Hospital, Fall River, Mass.	25.00
Committee on nursing, General Medical Board, Council of Medical De- fense. (Balance in treasury)	61.24
In memory of Hazel Morton, from her father, Phoenix, Ariz.	10.00
Six nurses, Passaic, N. J.	5.00
Graduate Nurses' Association, York, Pa.	58.00
Two nurses, Madelia, Minn.	5.00
St. Alphonsus Hospital, Boise, Idaho	5.00
East Liverpool City Hospital, East Liverpool, O.	25.00
Four nurses, U. S. Army Post Hospital, Ellington Field, Houston, Tex.	6.00
Englewood Hospital School for Nurses, Englewood, N. J.	25.00
Post Hospital, Langley Field, Hampton, Va.	5.00
Five nurses, Post Hospital, Carlstrom Field, Arcadia, Fla.	6.00
Nurses and friends, Camp Hospital, Camp Bragg, N. C.	16.00
Nurses, Base Hospital Unit No. 21, St. Louis, Mo.	200.00
Lutheran Hospital Alumnae, St. Louis, Mo.	25.00
Navy Nurses, U. S. Naval Hospital, Philadelphia, Pa.	33.00
Head nurses and faculty, Philadelphia General Hospital	116.00
Student nurses, Philadelphia General Hospital	194.00
Nurses, U. S. A. General Hospital No. 43, National Soldiers' Home, Va.	102.00
Marion Price, Rochester, N. Y.	1.00
Nurses, U. S. Navy Hospital, Norfolk, Va.	55.00
Faculty, student nurses and seventeen alumnae members of Norwegian Lutheran Deaconess Hospital, Minneapolis	147.00
Nurses, Army Nurse Corps, Camp Gordon, Ga.	17.00
Four nurses, Fort McDowell, Calif.	4.00
Seven nurses, Camp Travis, Texas	18.00
Utah State Nurses' Association	43.00

Jewish Hospital Nurses Alumnae, Brooklyn, N. Y.	25.00
Nurses, Cooley-Dickinson Hospital, Northampton, Mass.	25.00
Garfield Park Training School Alumnae, Chicago	10.00
Four nurses, Post Hospital, Fort Myers, Va.	8.00
U. S. A. General Hospital No. 41, Fox Hill, Staten Island, N. Y.	12.50
Memorial Methodist Training School for Nurses, Mattoon, Ill.	10.00
Staff, District Nursing Association, Columbus, O.	5.00
Nurses, Fourth District, Oklahoma State Nurses' Assn., Enid, Okla.	100.00
Nurses, Training School of the O. E. Jones General Hospital, Jamestown, N. Y.	10.00
Father of Ina Klinefelter, a nurse who died at Base Hospital, No. 1....	5.00
Five nurses, Camp Hospital, Brownville, Texas	10.00
Memorial Hospital Staff and four nurses, Nashua, N. H.	4.00
Two nurses, U. S. Marine Hospital, Buffalo, N. Y.	3.00
Alumnae Association, Presbyterian Hospital, Chicago, Ill.	50.00
Mahaska Hospital graduate and pupil nurses, Oskaloosa, Iowa....	7.00
Beverly Hospital Nurses' Alumnae Association, Beverly, Mass.	25.00
Members of District No. 4, Marshalltown, Iowa	12.00
Members of District No. 4, Hampton, Iowa	16.00
Nebraska State Nurses' Association	150.00
Nathan & Miriam Barnert Hospital Alumnae Assn., Paterson, N. J.	14.00
Blanch F. Webb, Richmond, Va.	5.00
Mrs. Emma Brown, Ontario, Canada	5.00
Two members of Central Club for Nurses and one from Teachers College Nurses at U. S. A. General Hospital No. 2, Fort McHenry, Md.	3.00
Nurses, U. S. A. General Hospital, No. 19, Oteen, N. C.	219.50
Forty-eight nurses, U. S. Naval Hospital, Great Lakes, Ill.	185.00
Nurses, Director of Medical Corps, Red Cross Field and Athletic Direc- tors, U. S. Army Post Hospital, Jefferson Barracks, Mo.	50.00
Students and faculty, School for Nurses, University of Minnesota....	29.00
Springfield Hospital Nurses' Alumnae Association, Springfield, Mass.	43.60
Springfield Hospital Student Nurses, Springfield, Mass.	59.00
Evanston Hospital Alumnae Association and friends, Evanston, Ill.	15.50
Nurses, Reconstruction Aides and Officers, U. S. Army General Hospital, No. 21, Denver, Colo.	62.00
District No. 5, California Nurses Association, Los Angeles County....	158.25
Emma M. Casey, Pasadena; Agnes Patt, Los Angeles; Grace E. Phillips, Neighbors, Calif.	25.00
"In memory of Hazel"	3.00
Nurses, Warren City Hospital, Warren, Ohio	1.00
President and members, Good Samaritan Hospital, Zanesville, Ohio....	18.00
U. S. General Hospital, No. 28, Fort Sheridan, Ill.	7.00
Massachusetts State Nurses' Association (Special collection)	230.00
Essex County Nurses' Assn., Massachusetts	71.30
Private Duty Nurses' League, Massachusetts	20.00
Boston State Hospital Nurses' Alumnae Association, Mass.	25.00
Middlesex County Nurses' Association, Mass.	25.00
Children's Hospital, Boston, Mass.	10.00
Newton Hospital Nurses' Association, Newton Lower Falls, Mass.	25.00
Homeopathic Hospital Alumnae and private contribution, Boston, Mass.	100.00
Massachusetts General Hospital Nurses' Association, Boston	100.00

Nurses, Danvers Training School, Hathorn, Mass.	85.00
New England Deaconess Hospital Nurses' Association, Boston	37.00
Boston City Hospital Nurses' Association, Boston	50.00
Ten individual contributions through the Massachusetts State Assn.	128.00
H. Dorothy Johnson, Lincoln, Nebr.	1.00
Butler Hospital Alumnae Association, Providence, R. I.	25.00
Graduate Nurses, Walter Reed General Hospital, Takoma Park, D. C.	147.50
District No. 4 of Michigan, Muskegon, Mich.	10.00
Bertha E. Brigham, Lamar, Mo.	2.00
St. Joseph's Hospital Alumnae, Reading, Pa.	5.00
Pupil nurses, The Faxon Hospital, Utica, N. Y.	11.00
Sierra Hospital, Sonoma, California	15.00
Mercy Hospital Alumnae, Cedar Rapids, Iowa	10.00
Nurses and staff, University Hospital, Augusta, Ga.	17.50
Seventeen nurses, Camp Zachary Taylor, Ky., and friends, Louisville, Ky.	180.00
Two nurses, Post Hospital, Fort Oglethorpe, Ga.	6.00
Nurses and dietitian, U. S. Marine Hospital, Baltimore, Md.	17.00
Officers of the staff and nurses, Camp Dodge, Iowa	37.00
Superintendent of Nurses, Canandaigua, N. Y.	1.00
New Jersey State Nurses' Assn., District No. 5, Camden, N. J.	47.50
Instructive District Nursing Association, Columbus, Ohio, Two members.	2.00
District No. 10, Assn. of Graduate Nurses, Dayton, Ohio	37.00
Salem Hospital Alumnae Association, Salem, Mass.	25.00
City Hospital Alumnae Assn. and Graduate Nurses' Assn., Youngstown, O.	125.00
Three nurses, U. S. Submarine Base, New London, Conn.	22.00
Nine nurses, St. Luke's Hospital, Davenport, Iowa	9.00
Nurses, U. S. Naval Hospital, Key West, Fla.	7.00
Theresa Erickson, Park Rapids, Minn.	2.00
Wisconsin State Nurses' Association, Milwaukee, Wis.	63.00
Nurses, U. S. Naval Hospital, Mare Island, Calif.	23.50
Brooklyn Hospital Alumnae Association, Brooklyn, N. Y. (Additional) ..	17.00
Nurses, U. S. A. General Hospital No. 6, Fort McPherson, Georgia	65.50
Deaconess Hospital Alumnae, Cincinnati, Ohio	10.00
Jamaica Hospital Alumnae, Jamaica, N. Y.	20.00
Norwegian School of Nursing Alumni Association, Brooklyn, N. Y.	33.00
Belle J. Miller, Whittier, Calif.	5.00
Six nurses, Delaware Springs Sanitarium, Delaware, Ohio	12.00
Faxon Hospital Alumnae Association, Utica, N. Y.	15.00
Clara M. Jones, Santa Barbara, Calif.	1.00
Nurses, Rockingham County, Va. (Additional)	5.00
Nurses, Fourth District, Iowa State Assn., Marshalltown, Ia. (Additional) ..	7.00
Nurses, Fourth District, Iowa State Assn., Waverly, Ia.	10.00

\$9,382.36

THE SURVEY COMMITTEE of the American Red Cross and the American Nurses' Association is anxious to receive all Survey reports as soon as is possible, that the work of the Survey may be completed. Will State officers consider carefully the following report and see whether better returns may be made from their States? Send reports to Mary C. Wheeler, 509 Honore Street, Chicago.

State.	Number of Accredited Schools.	Number of Surveys received by Chairman, through December 10.
Alabama	16	9
Arkansas	16	10
California	68	51
Colorado	20	20 Second to complete survey of State.
Connecticut		19
Delaware	2	1
District of Columbia	11	7
Florida	10	8
Georgia	22	10
Illinois	71	61
Indiana	36	29
Iowa	61	44
Kansas	47	31
Kentucky	19	13
Louisiana	13	13 First to complete survey of State.
Maine	16	11
Maryland	23	20
Massachusetts		41
Michigan	46	45
Minnesota	53	43
Mississippi	27	12
Missouri	43	38
Montana	14	7
Nebraska	39	25
New Hampshire		9
New Jersey	41	9
New York	159	79
North Carolina	55	15
North Dakota	12	10
Ohio	63	46
Oklahoma	24	13
Oregon	15	8
Pennsylvania	173	74
Rhode Island	8	5
South Dakota	18	13
Texas	46	20
Utah	7	6
Vermont	14	10
Virginia		12
West Virginia	41	19
Wisconsin	31	30
Wyoming	7	6

ARMY NURSE CORPS

On Friday, November 7, 1919, at 3:15 p. m., the Secretary of War presented to Dora E. Thompson, Superintendent, Army Nurse Corps, the Distinguished Service Medal. This decoration was accompanied by the following citation:

CITATION.—"For exceptionally meritorious and distinguished service. To her accuracy, good judgment, and untiring devotion to duty is due the splendid management of the Army Nurse Corps during the emergency."

During the month of October the following named nurses were transferred from the Reserve to the Regular Corps: Margaret E. Bagley, Alice A. Becklin, Caroline E. Bennett, Ina Boyer, Ina Brown, Mildred D. Catlin, Evelyn J. Davis, Maude C. Davison, Margaret Docherty, Zita K. Farrell, Sarah A. Haines, Edna Mae Halleran, Margaret Houston, Helen M. Karhu, Margaret M. Kennedy, Portia H. Lillie, Geraldine M. Lindstrom, Azzie R. Messmore, Eleanor E. O'Neill, Kathryn M. Rabusch, Catherine Reilly, Ebba C. A. Rorby, Burdette B. Sherer, Loretta M. Sumrow, Veira M. Sutton, Ruth I. Taylor, Kathryn S. Walter, Catherine J. Ware.

The following named nurses were appointed in the Army Nurse Corps during the month of October: May G. Ames, Mary Broadbush, Mary L. Carney, Theresa Casenave, Henrietta Davidson, Ruth Dias, Justine M. Fuestle, Rose E. George, Ella Huey, Millicent King, Winifred I. Langan, Estelle L. Leary, Lois Mills, Eva M. Muirhead, Eleanor O'Neill, Florence E. Scothorne, Isabel Sherman, Sara A. Sutton.

During November, 622 nurses were relieved from active service in the military establishment and nine were returned from overseas.

The following names should be added to those nurses who died in the service of their country:

Reserve Nurse, Anna Belle West, Walter Reed General Hospital, October 21, 1919.

Nurse, Mary Jane Graham, General Hospital No. 41, Fox Hills, October 24, 1919.

The following changes of Chief Nurses have recently been made: Mrs. Alice Flash was sent to Letterman General Hospital, San Francisco, California, Marie Louis having resigned; Lida M. Keener to General Hospital No. 41, Fox Hills, succeeding Mary E. Robinson, who resigned; Jane G. Malloy and Edna M. Beyrer to General Hospital No. 41, Fox Hills, as Assistant Chief Nurses; Sophy Burns to the Department Surgeon's office, Fort Sam Houston, Texas; Edna M. Rockafellow to the Attending Surgeon's office, Chicago, Illinois; Margaret E. Thompson to Base Hospital, Vladivostok, Siberia; and Bessie S. Bell to the Department Hospital, Honolulu, H. T.

During the present war, awards, citations, etc., were made to the members of the Army Nurse Corps as follows:

MEDALS

<i>British Awards</i>	<i>Army Nurses</i>	<i>Reserve Nurses</i>	<i>Total</i>
British Military Medal	0	2	2
Royal Red Cross, 1st class	0	15	15
Royal Red Cross, 2nd class	2	52	54
<i>French Awards</i>			
Croix de Guerre	1	27	28 ¹
Médaille d'Honneur des Epidémies.....	3	64	67
Médaille de la Reconnaissance	0	2	2
<i>American Awards</i>			
Distinguished Service Cross	0	3	3
Distinguished Service Medal	1	1	2
Army Nurses		7	
Reserve Nurses		170	
Total awards		177	

¹ Three with gilt star.

CITATIONS

<i>British Mentions</i>	<i>Army Nurses</i>	<i>Reserve Nurses</i>	<i>Total</i>
Included in Sir Douglas Haig's list of Mentions for Gallant Service on Western Front, published in Supplement to the London Gazette of December 28, 1917	0	13	13
British Certificate of Merit	0	5	5
<i>American Mentions</i>			
Citation by Commanding General, A. E. F.	4	8	12
Citation by Commanding General, A. E. F., relative to heroic conduct of the members of Evacuation Hospital No. 4, on November 2, 1918, when shelled by enemy artillery	1	26	27
General Order No. 1, by Major-General Muir, 28th Division	0	14	14
Army Nurses		5	
Reserve Nurses		66	
Total		71	
Army Nurses		12	
Reserve Nurses		236	
Grand total		248	

Dietitians

<i>British Decorations</i>	
British Certificate of Merit	3
"Member of British Empire" Medal	4
Total decorations received by Dietitians	7

JULIA C. STIMSON,

Acting Superintendent, Army Nurses Corps,
and Dean, Army School of Nursing.

U. S. PUBLIC HEALTH SERVICE

Claire Gaffney has been appointed assistant to Miss Minnegerode in the office at Washington, as the work has become too heavy to be handled by one person.

One hundred and seventy-five nurses who have returned their confirmation cards are awaiting assignment.

The Public Health Service has recently secured hospitals at Fort William Henry Harrison, Helena, Montana; Boise Barricks, Idaho; Markleton, Pennsylvania; Camp Cody at Deming, N. M. No nurses have as yet been appointed to these hospitals. Nurses have recently been ordered to report at West Roxbury, Mass., near Boston, which is to be used as a neuro-psychiatric hospital, and to Army General Hospital No. 12 at Asheville, N. C., which is to be used as a general hospital.

LUCY MINNEGERODE,

Superintendent, Nurses Corps, U. S. P. H. S.

Arizona.—**ARIZONA NURSES** held a mass meeting in Tucson on December 3, with thirty-eight present. Under the guidance of Adda Eldredge, Interstate Secretary, and of Agnes D. Randolph, former president of the Virginia State Association, the Arizona State Nurses' Association was formed and a constitution and by-laws adopted. The following officers were elected: President, Agnes D. Randolph, superintendent of the Copper Queen Hospital, Bisbee; vice presidents, Edna A. Crofoot, superintendent of St. Joseph's Hospital, Phoenix, and Mrs. M. C. Strickler, school nurse, Tucson; secretary, Kathryn MacKay, 304 North Church Street, Tucson; treasurer, L. Kathryn Seigrist, school nurse, Douglas; directors for three years, Bertha C. Rowe of Tucson and Rose W. Darcy of Phoenix; for two years, Bertha E. Case of Phoenix and Rosella King of Douglas; for one year, Louisa E. Perritt of Globe and Mrs. H. S. McGee of Douglas. The address of Miss Eldredge was greatly appreciated. **Phoenix.**—**THE MARICOPA COUNTY GRADUATE NURSES' ASSOCIATION** held its meeting for the election of officers November 26, at the Nurses' Home. President, Bertha Case, Sunny Rest Sanatorium; vice presidents, Edith P. Snowden, 356 North 3rd Avenue, Virginia Phelan, St. Joseph's Hospital; secretary, Emma Remier, 518 North 3rd Street; treasurer, Nell Cadman, 222 Columbus Avenue; critic, Mrs. Schnabel. Adda Eldredge visited Phoenix, where she spoke, and where she was very greatly appreciated.

California: Los Angeles.—**THE CALIFORNIA STATE LEAGUE OF NURSING EDUCATION** has issued the following programme for the present year's work: October, a business meeting. November, report of the convention of the National League; Mrs. Mitchell: Social and Professional Subjects, Miss Douglas, Miss Williamson. December, Ethics and Coöperation of Supervising Nurses. Pupil Nurses. January, Rank for Nurses, Mrs. Hodges. March, Metabolism, Dr. Reed. April, The Summer Session at Berkeley, Miss Swift; The Summer Session at Columbia, Miss Irving. May, Psychology for Nurses, Dr. D. Colder. June, Public Health Work, Agnes Talcott.

Connecticut: New Haven.—**MARY E. MARSHALL**, formerly a member of the Visiting Nurse Association, has been appointed to a position on the staff of the National Tuberculosis Association. **HARRIET LECK**, formerly superintendent of Grace Hospital, Detroit has been appointed assistant director of the Visiting Nurse Association. **Hartford.**—**ST. FRANCIS HOSPITAL ALUMNAE** held its semi-annual meeting in the community room of the hospital on October 25. After the business meeting, a welcome home reception was given to two sisters and several nurses, returned from over-seas service.

Florida.—**THE STATE GRADUATE NURSES' ASSOCIATION** held its annual meeting November 19, at the Chamber of Commerce, in Jacksonville. Mrs. W. M. Porter presided at the business meeting, at which time the matter of amending the by-laws was taken up. A resolution endorsing Rank for Nurses was passed. Addresses were made by Dr. John E. Boyd, Dr. H. H. Harris, Dr. Edward Jelks, and Mr. Hickson, Field Secretary of the Anti-tuberculosis League. The following officers were elected: President, Louise Collins, 1433 Riverside Avenue, Jacksonville; vice presidents, E. L. Gregory and Neva Bewley; secretary, Isabel H. Odiorne, 419 East Forsyth Street, Jacksonville; treasurer, Sarah W. Spears, 1446 Herschell Street, Jacksonville.

Georgia: Atlanta.—**THE FIRST DISTRICT ASSOCIATION** was organized at a meeting held November 11, in Assembly Hall, Grady Hospital. The following officers were elected: President, Alberta Dozier; vice presidents, Jean Harrell, Laura Chapman; secretary, Celia Johnson. Sixty-three nurses were present.

Illinois.—THE ILLINOIS STATE ASSOCIATION held its annual meeting at Moline, December 4 and 5. The following officers were elected: President, M. Helena McMillan, Chicago; vice president, Ada Belle McCleary, Evanston; secretary, Nellie M. Crissy, Hahnemann Hospital, Chicago; treasurer, Belle Smith, Moline. Chicago.—MISS ATTWOOD has resigned as assistant superintendent of nurses at the Michael Reese Hospital, and Miss Lang has resigned her position as night supervisor in the Children's Department. Mary Cardner, class of 1914, Michael Reese Hospital, and Lulu Boyer, class of 1916, have accepted positions with the Attix Clinic, Lewiston, Montana. Graduates of the Presbyterian Hospital are reported as follows: Marie Eby and Lillian Christenson, class of 1913, have accepted positions in the Agnew Hospital, San Diego, Calif. Margaret Wray, class of 1919, has accepted a position in charge of the Out-patient Obstetrical Department at the Presbyterian Hospital. Mae Howe and Celeste Firkins, class of 1912, are taking the public health course in the School of Civics. Minerva Wilson, class of 1907, has resigned her position as superintendent of nurses, Kewanee Public Hospital, Kewanee, to do private duty. Elizabeth Clark is taking the course in public health in the University of Michigan, Ann Arbor. Pamilla Peck, class of 1919, was recently assigned to the U. S. Public Health Hospital, Palo Alto, Calif. Graduates of the Illinois Training School are reported as follows: Helen Biggert, class of 1908, has accepted the position of assistant superintendent of nurses, Grant Hospital. Elizabeth C. Lyon, class of 1913, has accepted a position as head nurse in Cook County Hospital. Minnie Bea, class of 1908, is doing public health nursing under the Red Cross, at St. Peter, Minn. Frances I. Caldwell, class of 1909, accepted a position as superintendent of nurses, Calumet and Hecla Hospital, Calumet, Mich. Mary Buzza, class of 1907, has recently accepted the position of school nurse at Brookings, South Dakota. Nellie M. Crissy, graduate of Hahnemann Hospital, class of 1904, formerly instructor in Elementary Hygiene and Home Care of the Sick, Chicago Teaching Center, resigned to assume the position of superintendent of the Training School of Hahnemann Hospital. May Dunstone Collins, class of 1899, St. Luke's Hospital, has accepted the position of supervisor of class instruction for the Chicago Teaching Center. Margaret Hanrahan, class of 1906, Chicago Hospital, formerly a school nurse under the Board of Health, and Blanche Wiseman, class of 1914, Oak Park Hospital, Oak Park, have been recently appointed instructors in Elementary Hygiene and Home Care of the Sick, Chicago Teaching Center. Elizabeth Thom, class of 1905, Victoria Hospital, London, Canada, has just accepted the position of office assistant to Mary Watson, superintendent, Grant Hospital. The trustees of St. Luke's and Michael Reese Hospitals gave a reception for the nurses of Unit 14 and of other nurses from these hospitals who were in service, at The Blackstone, November 11. Dancing followed the reception.

Indiana: Indianapolis.—DISTRICT ASSOCIATION No. 4, at its November meeting, elected the following officers: President, Jessie Bass; vice president, Clara Pound; secretary, Mae Kennedy; treasurer, Mrs. C. D. Tancier. Over a hundred nurses were present. PUPIL NURSES OF THE CITY HOSPITAL held an informal reception and dance, recently, to open their new living room. They will receive each Sunday afternoon during the winter. LOA FOSTER, graduate dietitian of Bradley Institute, is in charge of the new dietetic laboratory of City Hospital. MRS. W. F. MOLT was recently appointed chairman of the Indianapolis Red Cross Committee to succeed Mae D. Currie. Miss Currie is assisting at the Home Hospital, Lafayette. Marion.—A DISTRICT MEETING was held at the Y. W. C. A. building on November 8. A large number of nurses from Fort Wayne were

present. The January meeting will be held in the new nurses' home of the Huntington Hospital. Fort Wayne.—HOPE HOSPITAL ALUMNAE gave a reception and dance on November 19 in honor of the doctors and nurses who have returned from government service. Hope Hospital graduates are holding the following positions: Elizabeth Melville, class of 1902, is community nurse for Allen County with Fort Wayne as headquarters; Ellen Tirkle, class of 1912, has been appointed County School Nurse by the Red Cross; Margaret Nash, class of 1915, is industrial nurse at the Fort Wayne Lamp Works; Iva and Estella Lehman, classes of 1912 and 1913, are industrial nurses in Akron, Ohio; Clara Wolford, class of 1913, is industrial nurse at the Wayne Knitting Mills, succeeding Myra Carr, who has gone west to recover her health.

Iowa: Des Moines.—HELEN HARTLEY, for several years Director of Nursing Activities for the Iowa State Tuberculosis Association, has been granted an indefinite leave of absence by the board. Miss Hartley is a member of the State Board of Nurse Examiners. Amelia Griffith has been secured to do visiting for the Associated Charities. May Barnett has been added to the staff of school nurses. Iowa City.—DISTRICT No. 5 held its annual meeting October 31, the following officers were elected: President, Mae Baxter; vice president, Mrs. Catherine Fox; secretary, Nettie Tow; treasurer, Bertha Kampmeier; directors, Winifred Boston and Mrs. Arthur Moore. Constance Bryant is now the instructor of nurses at St. Luke's Training School. Grinnell.—GLADYS HICKS, a graduate of Lakeside Hospital, Chicago, has been made superintendent of the Community Hospital, here.

Massachusetts.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its autumn meeting on November 8, at the Nurses' Home of St. Luke's Hospital, New Bedford, with the League of Nursing Education and the Private Duty Nurses' League. Special cars took the visitors to the hospital grounds, and a luncheon was served before the meetings were begun. The treasurer reported that nineteen alumnae associations had joined the association as active members. The president, Miss Dart, announced that the Collis P. Huntington Memorial Hospital and the Harvard Medical School offer affiliation to training schools desiring laboratory training, out-patient work and operating technique. The following persons were elected to serve on the Executive Board of the New England Division of the American Nurses' Association: Esther Dart, from the State Association; Mary M. Riddle from the League; Zaidee Moore, from the Private Duty League; Sarah Beatty to represent the public health nurses. The Private Duty League reported a membership of nearly 100. Two Filipino nurses, who are studying conditions in this country, gave interesting accounts of their hospitals and schools. Roxbury.—THE TRAINING SCHOOL OF THE NEW ENGLAND HOSPITAL FOR WOMEN held its forty-fifth annual graduation exercises December 3, 1919. Dr. Orville R. Chadwell, of Boston, addressed the class. The diplomas were conferred by Mrs. Herbert B. Howard, president of the hospital. The graduates were signally honored by having Miss Linda Richards present their pins to them. She greeted each nurse personally, and then addressed the class as a whole. There were ten members of the graduating class. Dancing followed the formal exercises. Fall River.—THE NURSES' ALUMNAE ASSOCIATION OF UNION HOSPITAL presented their annual report at the regular December meeting. There were nine regular meetings in 1919, with an average attendance of 19. Twenty-three new graduate members were accepted, and seven members were dropped from the rolls, making a total membership of 142. In April the alumnae association became affiliated with the State Association, with an increase to \$4.00

a year in dues. An amendment to the state registration law made it necessary for all graduate nurses to re-register every year before December 31. A dinner and dance were given the graduating class in May, and five socials were conducted following regular meetings. Miss Shinn was chairman of the entertainment committee. At the December meeting it was voted to contribute \$25.00 to the Memorial Fund. The following officers were re-elected for the coming year: President, Mrs. F. B. Albert, vice presidents, Mrs. E. D. Shea, Lavinia Slinn, Bertha Clark, Mrs. Raymond Murray; secretaries, Meta I. McCullum, Maude Dobson, Jennie Smithies, Margaret Gallagher; treasurer, Rosella Wells; auditor, Mrs. E. H. Harley.

Minnesota: Winona.—WINONA GENERAL HOSPITAL held its graduating exercises December 5, at the Parish House. Addresses were made by Rev. George Keller and by Mr. Maxwell, president of the Normal School. Roscoe Horton, president of the hospital board, presented diplomas to eleven graduates. A reception followed.

Missouri.—THE MISSOURI STATE NURSES' ASSOCIATION held its fourteenth annual meeting October 29-31, in the Crystal Room of the Hotel Robidoux, St. Joseph. Eighty out of town delegates registered. The address of welcome was given by Rabbi Louis Bernstein, who paid a high tribute to the Red Cross nurses for their work in camp and overseas during the war, and to the local nurses for their devotion to duty during the influenza epidemic. The address of Margaret Rogers, of St. Louis, gave the nurses much to think of. The treasurer's report showed the financial condition of the association to be very good. The following addresses were made: State Public Health Nursing in Kansas, Emma Snively; The Private Duty Nurse and Her Work, Anna Love; The Private Duty Nurse During the Reconstruction Period, Mary Marksman; Training School Problems, Mary C. Wheeler; State Inspector, E. E. Hamilton; Establishing a Central School for Nurses, Helen Farnsworth; The Industrial Nurse, Katherine Mallen; Peace Program of the Nursing Department of the Red Cross, Lyda W. Anderson; Nursing Overseas, Ruth Winegar; Rank for Army Nurses, Dr. Helen K. Wallace. A general discussion of the subject followed the lecture, and Dr. Wallace said the best way was to get the subject of Rank for Nurses before the public, and then present it to legislators, thence to Congress. A resolution was adopted and committee appointed. A letter was read in regard to a memorial to be erected at Bordeaux, France, to the American nurses who died in service. The president appointed a committee in each district to conduct a campaign for this fund. The subject of a state inspector for hospitals and training schools was under discussion. On October 29 the convention was honored by an address by Mabel Boardman, who was in the city in the interest of the Third Red Cross Roll Call. At the noon luncheon given by the Commerce Club, Miss Boardman was the speaker, when many nurses availed themselves of this opportunity of hearing her. On October 30 a dinner was given by the nurses of the First District to the visiting nurses, in the Crystal Room of the hotel, at which 188 were present. The decorations were of Halloween character. Dancing followed the dinner. Resolutions were adopted thanking the alumnae of St. Joseph for the courtesies extended by them during the meeting; thanking Miss Wheeler for the inspiration of her talk; extending thanks to Miss Boardman for her tribute paid to the nurses; and thanking Dr. Wallace for the interest aroused by him in the cause of Rank for Nurses. The following officers were elected: President, Mary G. Burman, Kansas City; vice presidents, Margaret Rogers, St. Louis, Lorena Hales, St. Joseph; secretary, Mrs. Emma C. Black, 3031 Charlotte Street, Kansas City;

treasurer, Janette Flanagan; delegate to A. N. A., Mary G. Burman; delegate to Red Cross, E. A. Doran; delegate to conference social welfare, Marie Geckler; Standing Committees, Program and Arrangement, Charlotte Forrester, Kansas City; Legislative, Mrs. M. E. Morrow, Jefferson City; Nominating, Anna M. Barr; Relief Fund, Margaret McKinley, St. Louis; Revision of By-laws, Grace Anderson, St. Louis. St. Louis.—MANCE TAYLOR, formerly superintendent of the Training School, St. Luke's Hospital, and Chief Nurse of Base Hospital Unit No. 21, has accepted the position of principal of the school for nurses, Parker Memorial Hospital, Columbia. She has been assisting at the Central Directory for Nurses.

Montana: Butte.—MRS. MAUDE E. LALLY has resigned her position as secretary of the examining board, as she has left the state. Great Falls.—SISTER REMI has been made superior of Columbus Hospital, and Ella Gantz succeeds her as superintendent of the training school. Billings.—A DEACONESS HOSPITAL is to be established by January 1st, and it is hoped that a training school may be started soon.

Nebraska.—THE NEBRASKA STATE NURSES' ASSOCIATION held its meeting October 21, 22, in Omaha, at which time the following officers were elected: President, Grace V. Bradley, 2420 Harney Street, Omaha; secretary, Mrs. S. O. Miller, 3648 Charles Street, Omaha. Omaha.—THE OMAHA NURSES have recently reopened their club house, which was closed during the war. Edna Owells-Wilson is head resident, and Grace V. Bradley is registrar. THE NURSES' CENTRAL CLUB AND REGISTRY are an official part of the State Association, duly incorporated under the laws of the state.

New Jersey: Trenton.—THE ALUMNAE ASSOCIATION OF MCKINLEY MEMORIAL HOSPITAL gave a dance recently. The proceeds were used to furnish, simply but adequately, a students' lecture room, of which the hospital has been in need for some time. Passaic.—THE ALUMNAE ASSOCIATION OF ST. MARY'S HOSPITAL gave a dinner and dance on November 12, in honor of thirty-two nurses who served overseas. About two hundred people attended the dinner. Frances Tierney, president of the association, made an address of welcome.

New Hampshire.—THE TRAINING SCHOOLS of the Memorial Hospital of Concord and the Franklin Hospital of Franklin are fortunate in having Lucretia S. Smart of Massachusetts as instructor of nurses.

New York.—THE PROPOSED BILL FOR STATE REGISTRATION which will be introduced in the Legislature this winter by the State Association, reads as follows:

An Act to Amend the Public Health Law in Relation to the Practice of Nursing.

(The matter in italics is new; that in brackets is old law to be omitted.)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The schedule of sections of article twelve of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended to read as follows:

ARTICLE 12.

REGISTRATION OF NURSES AND TRAINED ATTENDANTS.

Section 250. Who may practice as registered nurses.

250-a. *Who may practice as trained attendants.*

251. Board of examiners; [examination;] rules; fees.

251-a *Examinations; licenses; registration.*

252. Waiver of examination for nurses.
 251-a Waiver of examination for attendants.
 252-b. Saving clause.
 253. Violations of this article.

§ 2. Section two hundred and fifty of such chapter is hereby amended to read as follows:

§ 250. Who may practice as registered nurses. Any person [resident of the state of New York] being over the age of twenty-one years and of good moral character, holding a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the regents of the university of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said regents, and who shall have received from the said regents a certificate of his or her qualifications to practice as a *trained, certified, graduate* or registered nurse, shall be styled and known and entitled to practice as a registered nurse, and no other person shall assume such title, or use the abbreviation R.N. or any other words, letters or figures to indicate that the person using the same is [such] a *trained, certified, graduate* or registered nurse. Before beginning to practice nursing every such registered nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county. In every [thirty-sixth month from] year, during the month of January, [nineteen hundred and six,] every registered nurse shall again cause his or her certificate to be recorded in the [said county clerk's] office of the regents of the university of the state of New York, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such re-registration. The registrant shall pay to the regents a fee of one dollar for each such re-registration. Nothing contained in this article shall be considered as conferring any authority to practice medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter.

§ 3. Such chapter is hereby amended by inserting after section two hundred and fifty a new section to be section two hundred and fifty—a, to read as follows:

§ 250-a. Who may practice as trained attendants. Any person being over the age of eighteen years and of good moral character, holding a certificate from a school for training attendants connected with any institution giving a course of at least nine months including six months' practical experience, and registered by the regents of the university of the state of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said regents, and who, after a practical examination, shall have received from said regents a certificate of his or her qualifications to care for the sick as a trained attendant, shall be styled and known as a trained attendant, and no other person shall assume such title, or use the abbreviation T. A. or any other words, letters or figures to indicate that the person using the same is a trained attendant. Before beginning to practice, every such trained attendant shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence, with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence. In every year during the month of January every trained attendant shall again cause his or her certificate to be recorded in the office of the regents of the university of the state of New York, with an affidavit of his or her identity as the person to whom the same was issued and of his or her place of residence at the time of such re-registration. The registrants shall pay to the regents a fee of fifty cents for each such registration. Nothing contained in this section shall be considered as conferring any authority to practice nursing as a registered nurse, or to practice medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter.

§ 4. Section two hundred and fifty-one of such chapter is hereby amended to read as follows:

§ 251. Board of examiners; [examination;] rules; fees. The board of examiners of nurses appointed pursuant to laws of nineteen hundred and three, chapter two hundred and ninety-three, is continued [...] and hereby increased by the addition of two members. The New York state nurses' association at each

annual meeting shall nominate for examiners two of their members [who], each of whom shall be a registered nurse and have had not less than five years' experience in their profession. Upon the expiration of the term of office of any examiner now in office the regents of the university of the state of New York shall from the candidates so nominated fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner caused by death, resignation or otherwise, shall be filled by the regents in the same manner as an original appointment is made. Any examiner may be removed by the regents for misconduct, incapacity or neglect of duty. The regents may appoint and at pleasure remove a registered nurse as secretary to the said board of examiners who shall not be a member of such board, and such registered nurse inspectors as are necessary for the purposes of this article to be paid from the funds received by the regents under the provisions of this article at such salaries as they may determine. The said regents [with the advice of the board of examiners above provided for,] shall make rules for the examination and licensing of registered nurses [,] and trained attendants applying for certification under this article, and shall charge for examination and for certification and license a fee of ten dollars for nurses and five dollars for trained attendants to meet the actual expenses, and shall report annually their receipts and expenditures under the provisions of this article, to the state comptroller, and pay the balance of receipts over expenditures to the state treasurer. The said regents may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon.

No person shall thereafter practice as a trained, certified, graduate or registered nurse or a trained attendant under any such revoked certificate.

§ 5. Such chapter is hereby amended by inserting after section two hundred and fifty-one a new section to be section two hundred and fifty-one-a to read as follows:

§ 251-a. *Examinations; licenses; registration.* 1. The regents shall admit to examination for registration, and may license to practice nursing as a registered nurse, any candidate who shall pay the fee of ten dollars and submit satisfactory evidence, verified by oath if required, that he or she:

a. Is more than twenty-one years of age and of good moral character;

b. Has a preliminary education accepted by the regents of the university of the state of New York;

c. Holds a diploma showing graduation from a course of at least two years given by a training school for nurses connected with a hospital or sanitarium approved and registered by the regents of the university of the state of New York.

d. The regents of the university of the state of New York shall license as trained nurses graduates of training schools for nursing in institutions registered with the regents and maintaining a three years' course for such training under such rules as the regents shall prescribe.

2. The regents shall license to practice nursing all registered nurses practicing as such within the state of New York on or before the first day of June, nineteen hundred and twenty, who make application therefor prior to the first day of January, nineteen hundred and twenty-one, and who submit herewith satisfactory evidence that he or she is at the time of the application therefor registered and legally authorized, under section two hundred and fifty of this article, to assume the title of registered nurse.

3. The regents shall admit to examination for registration and may license to care for the sick as a trained attendant, any candidate who shall pay the fee of five dollars and submit satisfactory evidence verified by oath if required that he or she:

a. Is more than eighteen years of age and of good moral character;

b. Has a preliminary education accepted by the regents of the university of the state of New York;

c. Holds a certificate showing graduation from a course of at least nine months' training given by a school, association, hospital or sanitarium approved and registered by the regents of the university of the state of New York;

d. Passes the examination for trained attendants.

4. A candidate may be licensed by the regents as a trained attendant,

provided application is made before the first day of January, nineteen hundred and twenty-one, who

- a. Pays a fee of five dollars;
- b. Submits satisfactory evidence that he or she is more than eighteen years of age and of good moral character;
- c. Submits satisfactory evidence that he or she has had two years' experience in the care of the sick;
- d. Whose qualifications to practice as a trained attendant are certified to by three licensed physicians who have personal knowledge of the applicant's qualifications;

- e. Passes the examination for trained attendants.

5. On receiving from the board of examiners an official report that an applicant has successfully passed the examination, and is recommended for license, the regents shall issue to him or her a license to practice according to the qualifications of the applicant as hereinbefore provided.

Every license shall be issued by the regents under seal and shall be signed by the commissioner of education of the state of New York and by the secretary to the board of examiners.

Before any license is issued it shall be numbered and properly recorded and its number shall be noted in the license. The regents may revoke any license for sufficient cause after written notice to the holder thereof and hearing thereon.

RECIPROCITY CLAUSE

Applicants examined and registered by examining boards of other states registered by the regents as maintaining standards not lower than those provided by this article may without further examination on payment of ten dollars to the regents and on submitting such evidence as the board of regents may require receive from them an indorsement of their certificates or licenses conferring all rights and privileges of a regents' certificate and license after examination.

6. Every license to practice as a registered nurse or a trained attendant shall before the license begins to practice thereunder register in the office of the clerk of the county where such practice is to be carried on, in a book kept by the clerk for such purpose, his or her name, residence, place and date of birth, date and number of his or her license and date of such registration, which registration he or she shall be entitled to make only upon exhibiting to the county clerk his or her license, or a duly authenticated copy thereof, and making affidavit stating the above facts and also that he or she is the identical person named in the license and had before receiving the same complied with all the requirements of this article and the rules of the regents preliminary to the conferment of such license; and that no money other than the fees prescribed by this article was paid directly or indirectly for such license; and that no fraud, misrepresentation or mistake in a material regard was employed or occurred in order that such license should be conferred. The county clerk shall preserve such affidavit in a bound volume and shall issue to every licentiate duly registered and making such affidavit a certificate of registration in his county, which shall include a transcript of the registration. Such transcript and the license may be offered as presumptive evidence in all courts of the facts stated therein. The county clerk's total fee for such registration, affidavit and certificate shall be one dollar.

7. A county clerk having properly issued a certificate of registration to a licensed registered nurse or trained attendant, shall forward a duly attested copy of the same and a copy of the affidavit and evidence upon which said certificate was issued, to the secretary of the board of examiners within thirty days of such initial registration. On or before the first of May of each year the secretary of the board shall mail to every registered nurse and trained attendant registered in the state of New York a blank application for re-registration, addressing the same in accordance with the post-office address given at the last previous registration. Upon receipt of such application blank which shall contain space for the insertion of his or her name, office and post-office address, date and number of his or her license, and such other information as the regents deem necessary, and he or she shall sign and swear to the accuracy of the same before a notary public, after which he or she shall forward such sworn statement and application for renewal of his or her registration certificate to the secretary of the board, together with the fee of one dollar for registered nurses and fifty cents for trained attendants. Upon receipt of such application and fee and having verified the

accuracy of the same by comparison with the applicant's initial registration statements the secretary of the board shall issue a certificate of registration which shall render the holder thereof a legally qualified registered nurse or trained attendant as the case may be for the ensuing year. These certificates of registration shall all bear date of September first of the year of issue and shall expire on the thirty-first day of August in the year following. On the first day of January of each year or within ten days thereafter, the secretary of the board shall publish and mail to every registered nurse and trained attendant in the state of New York, a printed list of the legally registered nurses and trained attendants within the state. Should any registered nurse or trained attendant continue to practice nursing and care of the sick beyond the first day of January despite the fact that his or her name does not appear in the register, he or she shall be counted as an illegal practitioner and his or her license may be suspended or revoked by the regents in accordance with the provisions thereof of this article. All nurses already registered in this state at the time of the passage of this act, shall make application to the secretary of the board for the re-registration blank upon receipt of which he or she shall in like manner already described make application for re-registration, forwarding to the secretary of the board the re-registration blank properly filled in and accompanied by the fee of one dollar. Said application and fee must reach the secretary on or before the first day of December following the adoption of this statute; failing which the delinquent shall be dealt with as outlined in section two hundred and fifty-three and in this section in relation to the suspension or revocation of said license.

§ 6. Section two hundred and fifty-two of such chapter as amended by chapter three hundred and ninety of the laws of nineteen hundred and thirteen is hereby amended to read as follows:

§ 252. Waiver of examination for nurses. The regents of the university of the state of New York may upon the recommendation of said board of examiners, or upon evidence satisfactory to the said regents, waive examination of any persons possessing the qualifications mentioned in section two hundred and fifty, who shall have been graduated before, or who were in training on the twenty-fourth day of April, nineteen hundred and [three] twenty, and shall thereafter be graduated, and of such persons now engaged in the practice of nursing and who have had [six] three years' experience in the practice of nursing, two of which have been spent in practice in a hospital prior to nineteen hundred and [three] twenty, who make application in writing for such certificate prior to [July] January first, nineteen hundred and [thirteen] twenty-one.

§ 7. Such chapter is hereby amended by inserting therein after section two hundred and fifty-two-a, to read as follows:

§ 252-a. Waiver of examination for attendants. The regents of the university of the state of New York may upon evidence satisfactory to said regents waive the examination of any persons possessing the qualifications mentioned in section two hundred and fifty-a of this article who shall have been graduated before or who were in training on the twenty-fourth day of April, nineteen hundred and twenty, and shall thereafter be graduated, and of such persons now engaged in caring for the sick and who have had at least two years' experience in caring for the sick prior to nineteen hundred and twenty and of such persons having less than two years' experience prior to nineteen hundred and twenty who shall submit to a practical examination given by the board of examiners to demonstrate his or her fitness to care for the sick as a trained attendant, and who make application in writing for certificate to practice as a trained attendant prior to July first, nineteen hundred and twenty. Every such application shall be accompanied by a written certification by three licensed physicians and one registered nurse acquainted with the applicant, of the facts in respect to applicant's experience and qualifications to practice as a trained attendant.

§ 8. Such chapter is hereby amended by inserting therein after section two hundred and fifty-two-a a new section, to be section two hundred and fifty-two-b, to read as follows:

§ 252-b. Saving clause. Nothing contained herein shall prevent any person from engaging in nursing, provided, however, that he or she shall not assume the title of trained, certified, graduate or registered nurse or trained attendant, without complying with the provisions of this article.

§ 9. Section two hundred and fifty-three of such article is hereby amended to read as follows:

§ 253. Violations of this article. *A person who violates any provisions of this article shall forfeit to the state twenty-five dollars for a first offense, and fifty dollars for each subsequent offense. All fines imposed or forfeitures incurred hereunder may be sued for and collected by the attorney-general and the amounts thereof recovered, or received in any way by any one, shall be paid by the regents of the university for use and disposition as provided for in section two hundred and fifty-one of this article for the fees received from examinations.* [Any violation of this article shall be a misdemeanor. When any prosecution under this article is made on the complaint of the New York State Nurses' Association a certificate of incorporation of which was filed and recorded in the office of the secretary of state on the second day of April, nineteen hundred and two, the fines collected shall be paid to said association and any excess in the amount of fines so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the treasurer of the state of New York.]

§ 10. This act shall take effect immediately.

THE STATE BOARD OF NURSE EXAMINERS will conduct examinations January 27, 28 and 29 in Buffalo, Rochester, Syracuse, Utica, Albany and New York City. Carolyn E. Gray, Secretary, 132 East 45th Street, New York City. ALICE SHEPARD GILMAN, chairman of the Legislative Committee has been making a tour of the districts of the state, explaining the purposes of the bill to the district associations and to their legislative committees. SARAH J. GRAHAM has been reappointed chairman of the Relief Fund Committee of the State Association and is also chairman of the Relief Fund Committee of District No. 13. Contributions may be sent to her at Kinnelon, Butler, N. J.

Kingston.—DISTRICT No. 11 is in process of organization. A mass meeting has been held and officers elected as follows: President, Edna Smith, City Hospital, Kingston; secretary, Katherine M. Murphy, 82 Crane Street, Kingston. Saranac Lake.—THE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, held a meeting December 2. After the business meeting, Mrs. A. H. Denny gave a report of the State meeting held in Brooklyn, in October. Schenectady.—FRANCES WEST, class of 1906, Massachusetts General Hospital, has been appointed superintendent of the Ellis Hospital. Watertown.—A mass meeting was held on November 6 for the purpose of organizing District Association No. 6. Temporary officers were elected and a constitution and by-laws adopted. Syracuse.—ON AND AFTER January 1, graduates employed on special duty in the Hospital of the Good Shepherd will have twelve hour duty only. HARRIET SOUTHWORTH, graduate of the Hospital of the Good Shepherd, for the past five years superintendent of Levering Hospital, Hannibal, Mo., resigned on October 1, to accept the position of Instructor of Nurses in the Garfield Hospital, Washington, D. C. ANNIE LAWRENCE is acting as resident nurse in Mont Berry Boys' School, Mount Berry, Ga. FLORENCE CHAPPEL, recently of the Army Nurse Corps, is acting as School nurse and also as instructor in the Y. W. C. A., giving the course in Home Nursing and Hygiene. Rochester.—ELIZABETH SCOTT was decorated on November 13, in Washington by the Prince of Wales with the Order of the Royal Red Cross, 1st class, for her services at the American Hospital in Paignton, England, where she was stationed for three and one-half years. She also served one year in France. EDNA M. STEVER, a graduate of Hahnemann Hospital, has gone as a missionary nurse to Impur, Assam, British India.

North Dakota.—JENNIE MAHONEY, president of the Nurses' Examining Board, has accepted a position at the U. S. Public Health Hospital, Palo Alto, Calif.

Pennsylvania.—THE GRADUATE NURSES' ASSOCIATION of the State of Pennsylvania held its seventeenth annual meeting in Philadelphia, at the building of the College of Physicians, from November 11 to 14. This meeting was one of the best attended meetings of this Association, over 600 members being registered, delegates from all the nine districts of the State being present. The scientific program was particularly good, among the subjects discussed being, What the Medical Profession Expects of the Nursing Profession To-day and What the Nursing Profession is Prepared to Offer, this last being presented by Annie W. Goodrich. The program presented by the Private Duty Nurses' Section was unusually fine and covered the following subjects: Necessity of Private Duty Nurses for the Public, Prof. Caroline M. Purnell, M.D.; The Value of the Private Duty Nurse, Dr. D. J. McCarthy; Private Duty Nursing, Sophia F. Palmer, and Importance of Training Women for Private Duty Nursing, Annette Fiske. At the business meetings, a great deal of routine business was transacted and the reorganization of the State Association was practically completed. The subject of military rank for Army Nurses was freely discussed and the Lewis-Raker Bill was endorsed by the Association and it was decided that the nurses of Pennsylvania should do all in their power to promote the passage of this bill. Mrs. J. E. Roth, of Pittsburgh, was elected to represent the State Association at the annual meeting of The American Red Cross. The different members present pledged over \$1,000 on behalf of the different alumnae associations towards the Memorial Fund for the Florence Nightingale School at Bordeaux, France, in tribute to our nurses who died in the service. The following officers were elected: President, Roberta M. West, Philadelphia; vice-presidents, Alice O'Halloran and Elizabeth L. Miller, Philadelphia; secretary-treasurer, Williamina Duncan; directors, Helen F. Greaney, Sara M. Murray; chairman Eligibility Committee, Mrs. Helene S. Herrmann. The following officers were elected for the Private Duty Nurses' Section: Chairman, Helen F. Greaney; vice-chairman, Mrs. LaFontaine; secretary, Margaret Montgomery. The next meeting will be at Erie, Pa., during the second week of November, 1920. **Philadelphia.**—THE GERMANTOWN DISPENSARY AND HOSPITAL ALUMNAE ASSOCIATION gave a tea on October 29, in honor of all its members who were in the Service during the World War. THE JEWISH HOSPITAL has renovated its isolation building and has converted it into a nurses' home, known as the Nurses' Annex. **Pittsburgh.**—THE MONGAZON OVERSEAS CLUB, of the St. Francis Hospital Alumnae, held its second meeting and social November 19. The club is composed of nurses who saw eighteen months' active service in France. It was decided to hold a reception and dance in February. Announcement was made of the marriage of four of the members since returning from France. After the business meeting, luncheon for forty was served by the nurses of St. Francis Hospital.

Rhode Island.—THE RHODE ISLAND STATE NURSES' ASSOCIATION held its regular meeting, November 23, at the Rhode Island Medical Society Library, Providence. The Rev. Father Murray spoke of the necessity of intelligent women voting. A business meeting followed the address. Plans were made for making systematic contributions to the Memorial Fund. The subject of Rank for Nurses was discussed. **Providence.**—THE HOMEOPATHIC HOSPITAL OF RHODE ISLAND NURSES ALUMNAE ASSOCIATION held its annual meeting, October 6. The following officers were elected: President, Susan W. Potter; vice-presidents, Mrs. Alexander Macrae, Mrs. Alpha Metcalf; secretary, Edith Merton Fish; treasurer, Ella Mae Roscoe. Reports of the year's work were read, and Rank for

Nurses was discussed with great interest. A reception was held on December 2, in honor of Miss Clapp, the new superintendent, following the regular meeting. THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held its monthly meeting, October 29, at the nurses' home. After the business meeting, Dr. Harry W. Kimball showed the Government film, "The End of the Road." At the meeting on November 4, Mary S. Gardner spoke on The Nursing Situation in Italy. At the meeting on November 25, Alice W. Hunt, of the Consumers' League, spoke about The Plantations Club, following the business meeting. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met at the Woonsocket Hospital, October 30. After the business meeting, Mary S. Gardner spoke of her Public Health work in Italy. THE PROVIDENCE BRANCH GUILD OF ST. BARNABAS met at St. Stephen's Church, November 6. After the service in the church, and a brief business meeting, a musical entertainment was given, followed by tea. THE Y. W. C. A. gave a tea and informal reception to all returned nurses on December 2, and announced that free memberships for one year would be extended to all such nurses.

South Carolina: Charleston.—THE GRADUATE NURSES' ASSOCIATION held a meeting October 13. Sara W. Meyer, chief nurse, U. S. Naval Hospital, was elected an honorary member of the Association. It was learned with deep regret that Miss Meyer has received orders transferring her to the Naval Hospital, Philadelphia. Her pleasing personality has won her many friends, outside of professional circles in Charleston. MARY C. McKENNA, formerly chief nurse and head of Army School at Camp Jackson, has accepted a position as superintendent of nurses at Columbia Hospital, Columbia.

South Dakota.—THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the State House, Pierre, January 14 and 15. Applications must be filed with the secretary at least two weeks in advance of the examinations. For information, address Mrs. Elizabeth Dryborough, Rapid City. The following public health nurses have come to the State recently: Ellen McArdle, Brown County; Mayme Strachan, Minnehaha County; Jacobina Riecke, Clark County; Mary Curley, Hand County; Lutie De Garmo Weaver, Brookings County; Catharine Beagin, Grant County; Alma Wretling, Beadle County.

Virginia.—JULIA MELLICHAMPE has resigned as secretary of the Nurses' Examining Board, after six years of service, to accept a position in West Virginia under the Red Cross Public Health Nursing Service. Norfolk.—THE SARAH LEIGH HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Hospital on December 3. Lula Odom announced that the Alumnae apportionment of two hundred dollars towards the endowment fund for the cot for tubercular nurses at Catawba Sanatorium had been raised. In order to meet the increased expenses incident to the adoption of the amendments to the constitution and by-laws, as recommended by the American Nurses' Association, the annual dues were raised to \$5.00. Julia Mellichamp, class of 1906, was present and told of the Memorial Fund for the Florence Nightingale School at Bordeaux, France. She urged that contributions to this fund be made at the January meeting and given in memory of Miss Delano. The following officers were elected: President, Josephine Warden; secretary, Sadye Lewis; treasurer, Sue Preston.

West Virginia.—THE STATE BOARD OF NURSE EXAMINERS announces the following new officers: President, Dr. Frank LeMoyné Hupp, Wheeling; secretary, Anna M. Trimble, R.N., Huntington.

Wisconsin.—THE NURSES' EXAMINING BOARD will hold an examination

January 12, 14, in the Assembly Chamber at the Capitol, Madison. Applications should be on file two weeks before the examination. Apply to Myra W. Kimball, Secretary, City Hall, LaCrosse. Milwaukee.—AGNES MARTIN, graduate of St. Luke's Hospital, Chicago, is superintendent of nurses in the health department. Mollie B. Smith is superintendent of nurses of the Visiting Nurses' Association. The following have been appointed township nurses in the various counties: Genevieve Russell, graduate of St. Mary's Hospital, Rochester, Minn., Lacona Township, Forest County; Alma Ahlstrom, graduate of the Lutheran Hospital, Eau Claire, Wis., Barron Township, Barron County; Olive Sewell, graduate of the City Hospital, Minneapolis, Red Cross County Nurse, Washington County; Edna Murray, graduate of St. Luke's Hospital, Chicago, and the School of Civics and Philanthropy, Red Cross County Nurse, Green Bay County. During the month of November the following counties made appropriations for county nurses, jointly with the Red Cross: Langlade, Oneida, Douglas, Iron, Polk, Taylor, Marathon, Walworth, Rusk, Rock, Pepin.

BIRTHS

On October 27, a son, to Mr. and Mrs. Henry Feaster. Mrs. Feaster was Helen Sinnott, graduate of the Long Island College Hospital, Brooklyn, N. Y.

On December 3, a daughter, to Mr. and Mrs. Jacobs. Mrs. Jacobs was formerly Minna Wagner, graduate of Long Island College, Brooklyn, N. Y.

On November 30, in Chicago, a son, to Dr. and Mrs. Napiantek. Mrs. Napiantek was Helen Rogers, graduate of St. Mary's Hospital, Chicago.

On September 9, in Germantown, Pa., a son, Edward James Moore, 2nd, to Mr. and Mrs. Edward Wynne Moore. Mrs. Moore was Edna Brenker, class of 1914, Germantown Dispensary and Hospital.

On November 19, in Schenectady, N. Y., a son, Admont Gulick, to Mr. and Mrs. Edward L. Clark. Mrs. Clark was Eleanor Fowle, class of 1918, Massachusetts General Hospital.

On October 28, in Pleasantville, N. J., a daughter, to Mr. and Mrs. LeRay Trimble. Mrs. Trimble was B. Manbeck, graduate of the Jewish Hospital, Philadelphia.

In November, a daughter, to Mr. and Mrs. Allen Goldston. Mrs. Goldston was formerly Blanch Wolf, graduate of the Jewish Hospital, Philadelphia.

In October, in Webster City, Iowa, a daughter, to Mr. and Mrs. Leo Sharp. Mrs. Sharp was formerly Leota Payne.

In November, in Clayton, Wash., a daughter, to Mr. and Mrs. J. Aldrich. Mrs. Aldrich was formerly Dorothy Greene.

MARRIAGES

On October 11, in Chicago, Clara Mae Walston, class of 1911, Christian Hospital, St. Louis, to Henry L. Flauss. Mr. and Mrs. Flauss will live in Christopher, Ill.

On October 28, Isabelle C. Spicer, class of 1914, Bismarck Hospital, Bismarck, N. D., to Otis B. Anderson. Mr. and Mrs. Anderson will live in Lemmon, S. D.

In October, in Avalon, Pa., Blanche Crisswell, class of 1916, Presbyterian Hospital, Pittsburgh, to George Nutter. Mr. and Mrs. Nutter will live in Cairo, W. Va.

On November 15, in Latrobe, Pa., Jeanette Paisley Mechling, class of 1915,

Presbyterian Hospital, Pittsburgh, to Louis Perkins. Mr. and Mrs. Perkins will live in Merryville, La.

Recently, Lillian Crum, class of 1916, Presbyterian Hospital, Pittsburgh, to John Claffry. Mr. and Mrs. Claffry will live in Pittsburgh.

On November 8, in Pittsburgh, Lola Miller, class of 1916, Western Pennsylvania Hospital, to Theodore L. Kreig.

On September 1, in Indiana, Pa., Mary Belle Swan, class of 1916, Columbia Hospital, Pittsburgh, to Earl Elbert Tray. Mr. and Mrs. Tray will live in Indiana.

On December 3, in Marcus, Iowa, Clara A. Maurer, class of 1912, Lutheran Hospital, Sioux City, to Franz E. Rubbert. Mr. and Mrs. Rubbert will live near Marcus. Miss Maurer was for several years superintendent of nurses at St. John's Hospital, Red Wing, Minn., and for a short time superintendent of nurses at the Lutheran Hospital, St. Louis.

On October 31, in Paterson, N. J., Jean D. Turner, class of 1914, Paterson General Hospital, to Herbert Payne. Miss Turner served overseas.

On July 30, in Montrose, Pa., Ethel R. Morgan, class of 1915, Paterson General Hospital, Paterson, N. J., to Perry Letsen. Mr. and Mrs. Letsen will live in Tunkhannock, Pa.

On June 26, Anna A. Kraus, class of 1905, St. Mary's Hospital, Philadelphia, to John Hughes. Mr. and Mrs. Hughes will live in Duluth, Minn.

On November 19, in Shoshone, Idaho, Gertrude E. Homan, class of 1918, Presbyterian Hospital, Philadelphia, to William H. Detweiler. Mr. and Mrs. Detweiler will live at Filer, Idaho. Miss Homan was formerly head nurse at the County Hospital, Twin Falls, Idaho.

On November 27, in Hartford, Conn., Hilda Louise Stickney, class of 1919, St. Francis Hospital, to Thomas F. O'Brien, M.D. Dr. and Mrs. O'Brien will live in Niantic, Conn.

On August 5, Eda Madison, class of 1912, Bismarck Hospital, Bismarck, N. D., to Elmer Cranch, M.D. Dr. and Mrs. Cranch will live in Jacksonville, Ill.

On October 31, Hilda P. Holzapf, class of 1917, Bismarck Hospital, Bismarck, N. D., to Willard Weber. Mr. and Mrs. Weber will live in Sioux Falls, S. D.

On October 7, Cora Stordahl, class of 1917, Bismarck Hospital, Bismarck, N. D., to Smith Resner. Mr. and Mrs. Resner will live in Kirkwood, Ill.

On October 18, in Philadelphia, Isabel Geraldine Wrye, class of 1911, Rhode Island Hospital, Providence, R. I., to Joseph A. Cartier. Mr. and Mrs. Cartier will live in Meshanticut Park, R. I.

On October 28, in Providence, R. I., Alice Leonor Gorman, class of 1918, Rhode Island Hospital, to Michael Charles Rogers. Mr. and Mrs. Rogers will live in Chicago.

On November 17, in New York City, Katherine Knox, class of 1910, Rhode Island Hospital, to James Calder. Miss Knox was for some time superintendent of Dobbs Ferry Hospital.

Recently, in Indianapolis, Mary Pauline Lyner, graduate of Methodist Hospital, to Edward N. Smith. Miss Lyner was in service at U. S. General Hospital No. 2, at Ft. McHenry, Md.

On September 26, in Croopston, Minn., Hilda Krestine Twedton, graduate of Presbyterian Hospital, Chicago, to J. F. Deane Wiley. Mr. and Mrs. Wiley will live in South Heart, N. D. Miss Twedton served overseas with Unit No. 18.

Recently, Cordelia Draper, graduate of St. Luke's Hospital, Chicago, to Harold T. Dunn. Mr. and Mrs. Dunn will live in Chicago.

On November 23, in Geneseo, Ill., Clara DePauw, to Arthur Jossfeff.

On August 12, in Walkerton, Ontario, Ruth I. Robertson, class of 1903, North Adams Hospital, North Adams, Mass., to Stuart McGuire, M.D. Dr. and Mrs. McGuire will live in Richmond, Va. Miss Robertson was for a number of years superintendent of St. Luke's Hospital, Richmond, and later served overseas as chief nurse of Base Hospital No. 45.

In November, Virginia Lambert, class of 1904, (old) Virginia Hospital, Richmond, Va., to Charles Brown. Mr. and Mrs. Brown will live in Rural Retreat, Va.

DEATHS

On November 4, at Jamaica Plain, Mass., Rosa E. Doyle.

In September, at Germantown, Pa., Ada McCarthy, graduate of the Germantown Dispensary and Hospital. She will be greatly missed by all who knew her.

Recently, Lelah M. Beck, class of 1919, Hospital of the Good Shepherd, Syracuse, N. Y., following a long illness resulting from an infection of the face. Her death is greatly mourned by all her friends.

In August, Mrs. Grace Simonds Guthrie, after a long illness. Mrs. Guthrie was Grace Simonds, class of 1889, Orange Memorial Hospital, Orange, N. J.

On November 17, at Memorial Hospital, Pawtucket, R. I., of valvular heart trouble, Sarah Rebecca Hedges, graduate of the Royal South Hants Infirmary, Southampton, England, and class of 1890, of Toxtetti Park Infirmary, Liverpool, England. Miss Hedges had made her home in Providence for many years. She was a devoted nurse, and an extremely patriotic woman. Her strenuous work during the war is believed to have shortened her life. One doctor in speaking of her said, "She was a nurse."

On October 8, Nancy Velona Curtice, graduate of the Margaret Pillsbury Training School of Concord, N. H. Miss Curtice was a charter member of the Graduate Nurses' Association, of which she has been president. She was actively interested in securing state registration for nurses, and in every movement that meant progress for the nursing profession. Her last official work was as one of a committee to amend the by-laws of the State Association. Following her profession as a private duty nurse, Miss Curtice will be greatly missed by many who had known her kind and gentle care, as well as by a wide circle of associate nurses.

TOO LATE FOR CLASSIFICATION

A telegram received from Miss Dock, as our last proof goes to press, says: "British registration act passed. Unsigned."

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

CHEMISTRY AND CHEMICAL URINALYSIS FOR NURSES. By Harold L. Amoss, M.D. Second Edition, Thoroughly Revised. Lea and Febiger, Philadelphia and New York. Price, \$3.00.

As teachers and instructors of nurses realize more and more the value of chemistry to the pupil, the demand for a text book that will meet the requirements of the nurse has become more and more urgent. This book, the second edition, has been enlarged and revised and deals especially and at greater length with those substances and processes most needed by the nurse. The arrangement is different from that of most text-books on this subject and is a practical, simple, and logical development of the subject. It is, however, a book that needs supervised study and a competent instructor. The second division of the book is brief and yet adequate to the nurse. As the author says, "This chapter is placed in the book for two reasons: first, in order that the nurse should know how to collect, preserve and care for specimens of urine, and second, as a reference for nurses who are already qualified to undertake chemical examinations of urine."

THE STORY OF MILK. By Johan D. Frederiksen. The Macmillan Company, New York City. Price, 50 cents.

This book is an authoritative, comprehensive and concise handbook dealing with milk supply, products, food value, and cookery. There is a brief yet interesting account of the uses of milk by many nations and peoples, particularly mentioning the dairy products recognized in ancient times. Among other particulars it is revealed that Zoroaster lived exclusively on cheese for twenty years! Testing of milk, and the control of bacteria are clearly explained. Essential information on New York State milk grading, the sanitary code, bacterial count, and other minutiae of milk supply are given in the first chapters. This is followed by detailed accounts of the making of cheeses, butter, and ice cream, with practical instruction and formulae. The final chapter is on milk cookery including soups, salads, bread, biscuits, cheese dishes as meat substitutes, soufflés, etc. The author has for forty years been connected with dairy farming and milk industries and is thus enabled to present the subject in a practical, pleasing and enlightening way. It is a book that every dietitian should use and it will also prove serviceable to housewives and others.

OFFICIAL DIRECTORY

The American Journal of Nursing Company.—President, Sarah E. Sly, R.N., Birmingham, Mich. Secretary, Minnie H. Ahrens, R.N., 534 Aldine Avenue, Chicago, Ill. Editor and Business Manager, Sophia F. Palmer, R.N., 19 West Main Street, Rochester, N. Y.

The American Nurses' Association.—President, Clara D. Noyes, R.N., 1726 M. Street, N. W., Washington, D. C. Secretary, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Interstate Secretary, Adda Eldredge, R.N., 19 West Main Street, Rochester, N. Y. Biennial convention to be held April 12-17, 1920, in Atlanta, Georgia. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elnora Thomson, R.N., Hull House, Chicago; Legislation, Chairman, Anna C. Jammé, R.N., State Board of Health, San Francisco, Calif.; Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich.

The National League of Nursing Education.—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati, Ohio. Treasurer, M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—Acting President, Katharine Tucker, R.N., 156 Fifth Avenue, New York. Secretary, Ella Phillips Crandall, R.N., 156 Fifth Avenue, New York, N. Y.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, R.N., Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Dora E. Thompson, R.N., Surgeon General's Office, Army Nurse Corps Division, 7th and B Sts., War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, R.N., Ohio Avenue and 15th Street, N. W., Washington, D. C.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, M. Adelaide Nutting, R.N., Teachers College, New York City. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—Chairman, Elizabeth E. Golding, R.N., 317 West 45th Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Mary Denman, R.N., Birmingham. Secretary, Bertha C. Clement, R.N., 2019 Avenue F, Birmingham. President examining board, Lemyne Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham.

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